

New request for an Education, Health and Care Needs Assessment – for young people aged 16-25

Only to be used by young people requesting an assessment themselves. If you are applying on behalf of a young person please use the general request form.

Part A: to be completed by the young person

(Supported by others where appropriate)

1. Your details

*mandatory information

*Your family name:		*Your first name:			
Preferred Name:		*DOB:			
Ethnicity:		Religion:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/>
*Address:	Postcode:		*NHS Number:		
First Language (inc British Sign Language):		Do you need an interpreter?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Telephone number:			Mobile number:		
Email address:					
Please advise how and when is best to contact you:					
*Name and address of your school/college/post school setting:					
Did you receive support to complete this form?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Was support from you parents?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Can we contact the person who supported you if necessary?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If support was from someone other than you parents, please provide their contact details here:	Address:		Email address:		Contact number:

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2. Details of your parents/carers

*Full names of your parents/carers:			
*What is their relationship to you? e.g. parent, grandparent, foster carer			
*Address (if different from yours):		*Postcode:	
Telephone number:		Mobile number:	

3. Professional Involvement

Please list any relevant professionals that have assessed or been involved with you and their contact details where possible. Please include any copies of reports to help us with our decision making

Educational Psychologist:	
Advisory Teacher:	
Youth Connexions Personal Adviser:	
Social Worker:	
Medical professional: (e.g. GP)	
Speech & Language Therapist:	
Occupational Therapist:	
Physiotherapist:	
Child & Adolescent Mental Health Services (CAMHS):	
Other:	

Part B: to be completed by the young person

1. About you

This section is for you to tell us your story. There are some prompts below to help you provide this information but you can present it in any way that you like.

What are your views, hopes and goals for the future?

What are your aspirations for the future?

What are your reasons for making this request and how do you think an Education, Health and Care assessment and plan, if agreed, would help you?

My Story (for example details about health, schooling, independence, friendship, aspirations for further education and future plans including employment)

How to communicate with you and involve you in decision making

The important people in my life; family, friends, favourite people (even pets)

Name:	Relationship:

Part C: to be completed by young person

This health information form should be completed by you, but you can ask for support if you want to. The information will be used to assist the multi-agency panel in deciding whether to proceed to an EHC assessment.

The panel will consider your health needs and may make a referral to a health professional if further information or support is thought to be helpful.

Name:

If you have been given a medical diagnosis please enter this here:

The name of the professional who made this diagnosis if you know this:

Tick those areas where you have a concern and use the comments box to tell us more about how this affects you. *(If you run out of space, please continue on a separate sheet)*. Please contact your Health professional if you would like support in completing this

	No	Yes	Impact on everyday life
General physical health			
Airway and breathing, including chest infections			
Pain			
Seizures			
Eating, drinking, swallowing, drooling			
Behaviour issues related to food - Choices / Attitude			
Acid reflux or vomiting			
Dental Health			
Growth Weight gain/loss			
Mobility, getting around			
Hand function/writing			

Personal care (self feeding, washing, dressing, toileting etc.) Bowel and bladder eg. wetting, constipation			
Vision (eyesight)			
Hearing			
Communication Speech or other methods (which ones)			
Understanding			
Attention & listening			
Sleep			
Behaviour, emotions and feelings Managing emotions			
Puberty Issues			
Fatigue / Stamina			
Equipment issues			
Are you waiting for any further Health Assessments / Appointments? Please tell us what for/who with.			

Part D: to be completed by the young person

Consent for Education, Health and Care Plan Assessment

- I have read and understood the guidance on “Requesting an Education, Health and Care (EHC) Assessment”.
- I would like you to consider carrying out a statutory assessment of my special educational needs, and I give you permission to contact my school/college, health services, social care or other professionals as necessary.
- I agree for relevant professionals to seek and to share information with agencies regarding my child for Education, Health and Care Plan assessment.
- The consent will be valid for information sharing for the duration of the EHC plan assessment and, if an EHC plan is issued, for the duration of the plan.

I confirm that I have read the guidance document and understand the terms of consent

Signed.....

Date

Name

Part E: Social Care information

Hertfordshire's approach is a graduated response to meeting social care needs of children in the local area. It is important to note that having a disability does not automatically mean that you or your child need to access social care support, but you may want to access services which are available from your local community

If you believe that your family needs additional social care support you will find information is available online to tell you what support you can access.

[Short Break Local Offer - https://www.hertfordshire.gov.uk/microsites/local-offer/support/short-breaks/short-breaks.aspx](https://www.hertfordshire.gov.uk/microsites/local-offer/support/short-breaks/short-breaks.aspx)

Short breaks offer disabled children and young people the chance to spend time out with others, socialising and doing fun activities; giving their families a break and providing them with confidence their child is well supported by a trained worker. They range from play and leisure activities provided through community groups and leisure providers to overnight stays.

[Families First & Early Help -](https://directory.hertfordshire.gov.uk/kb5/hertfordshire/directory/familiesfirst.page?familiesfirstchannel=0)

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By providing early help to families, we aim to ensure all key partner agencies take a joined up approach and, together, make the best use of their resources to help children, young people

and families. You may not know where to look for early help, and it is difficult to know what services are available and how to use them. Families First can help.

[0-25 Together Service - https://www.hertfordshire.gov.uk/microsites/local-offer/services/0-25-together-service.aspx](https://www.hertfordshire.gov.uk/microsites/local-offer/services/0-25-together-service.aspx)

This is Hertfordshire's Social Care service for children and young people, aged 0-25 years, who have disabilities. We'll work with you from when you first need social care support. Helping children and young adults with disabilities to lead safe, independent and fulfilled lives, until they reach stability in early adulthood, up until they're 25 years old.

Alternatively, if you would like for us to come and talk with you about your family's situation and how we might be able to help then please call us on 0300 123 4043.

Part F: to be completed by the school or college

N.B. parents / carers / young people are not required to complete this section if application is being made independent of the school or educational setting.

1. Your details

Name of requesting professional:		Organisation:	
Address:		Postcode:	
Job title/relationship to child/young person:			
Telephone number:		Mobile number:	
Email address:			

We strongly recommend that requests are made alongside parents/ carers or young people themselves (post 16).

If this is not possible please tell us why:

2. School / college attainment

Please provide the most recent information. Information from an earlier key stage should also be provided where it might be helpful

Section 1 National Curriculum/ P Scales (in Schools only)							
Date assessed	Key stage	TA or SATS	Sp&L	Reading	Writing	Maths	Science

Section 2 Assessments completed by the setting (in Schools or Colleges)		
Assessment used:	Date:	Result:

Section 3 Provision made from school's delegated budget to address the child/young person's SEN (in Schools only)	
Please attach the following;	
School's offer (SEN Information report)	<input type="checkbox"/>
Provision map	<input type="checkbox"/>
Time table of support	<input type="checkbox"/>

Section 4 Provision made from college's Core Programme or High Needs Student funding (if required) to address the young person's SEND (In Colleges only)

Please attach the following:

College's local offer

Details of support

Preparing for Adulthood Transition Plan

Section 5 Monitoring of SEN Support

Date identified as needing SEN Support (ALS)

Please detail progress over the last 2 – 3 years and ensure there is evidence of unaided work / up to date assessments in your application and attach evidence of action taken through the graduated response to meet the young person's SEN and the impact as noted at each review including any progress made

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Section 6 External professionals involved

Name:	Agency:	Date of last involvement:	Report attached (Yes or No)
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature:		Date request submitted:	
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Supporting Evidence required

Along with previous requested attachments, please provide information that is relevant to the statutory assessment criteria. Much of this evidence should already be available in the child/young person's SEN support plan. Evidence should be based on current need and include information gathered during the most recent 6 – 12 months (*reports more than 12 – 18 months old are unlikely to be helpful*).

Please attach the following evidence and tick to indicate that it has been included :

- A concise description of the young person's strengths, learning difficulties or needs, indicating what he or she can and cannot do. This should be no more than one or two paragraphs which give a summary overview of the young person.
- One or two samples of the young person's recent work which should be dated and annotated, including whether the work was completed aided or unaided, and an explanation of the context in which the work was undertaken.
- Relevant reports from external specialist(s) which indicate the degree and complexity of difficulties. *(A medical report is required for any young person whom the request is being made on grounds of a medical diagnosis and its impact on the young person's learning and access as well as follow-up therapy reports as appropriate).*
- Any other relevant specific and objective up to date information about the young person's attainments and social development, including information about the young person's attendance where relevant.
- School and/ or setting summary of record of parental involvement and the views of the young person's parents/carers where these have been made known.
- The views of the young person/young person where this can be ascertained.

All the evidence should combine to demonstrate purposeful and relevant action taken by the school/setting(s) over a sustained period of time.

Please return this form to the SEND Team:

Ehcneedsassessment@hertfordshire.gov.uk

This email address is monitored by the SEND front door and assessment team for the whole county. This email address should be used for new requests for statutory assessment, and communications relating to the first 20 weeks of a child's EHC assessment process.

If returning the form via post, please send to the relevant area team:

North Herts & Stevenage SEND Team

Covering: Hitchin, Baldock, Letchworth, Royston, Stevenage

(Post Point SFAR120), 1st Floor, Farnham House, Six Hills Way, Stevenage, Herts, SG1 2FQ

East Herts, Broxbourne & Welwyn Hatfield SEND Team

Covering: Hertford, Ware, Watton, Cheshunt, Bishop's Stortford, Hoddesdon, Broxbourne, Buntingford, Welwyn Hatfield

(Post Point CHN006), Area Office, County Hall, Hertford, Herts, SG13 8DF

St Albans & Dacorum SEND Team

Covering: Harpenden, Hemel Hempstead, Tring, Berkhamsted, St Albans, Kings Langley (Post Point AP1108), Apsley Two, Brindley Way, Apsley, Hemel Hempstead, Herts, HP3 9BF

Watford, Three Rivers & Hertsmere SEND Team

Covering: Bushey, Radlett, Watford, Three Rivers, Hertsmere

(Post Point AP2113), Apsley Two, Brindley Way, Apsley, Hemel Hempstead, Herts, HP3 9BF
