**Parent’s Request for Education Health and Care (EHC) Needs Assessment.**

**PLEASE NOTE THERE IS FURTHER GUIDANCE ABOUT MAKING A REQUEST FOR AN EDUCATION, HEALTH AND CARE NEEDS ASSESSMENT AVAILABLE ON THE DERBY CITY COUNCIL’S SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) LOCAL OFFER**. Please go to [www.derby.gov.uk/sendlocaloffer](http://www.derby.gov.uk/sendlocaloffer)

If an EHC Needs Assessment is initiated **this form will constitute all or part of the parental advice** and will be shared with other agencies as appropriate.

**Please complete as much of the form as you feel is relevant. Please note when this request is received we will also seek information from your child/young person’s setting/school to help us in reaching a decision.**

**If your child is educated at home please also complete the ‘School Settings Form’ which can be found on the Local Offer**

**DETAILS OF CHILD/YOUNG PERSON FOR WHOM ASSESSMENT IS BEING REQUESTED:**

|  |  |
| --- | --- |
| First Name: |  |
| Surname: |  |
| Previous names (if applicable): |  |
| Gender:Male Female(please circle) |
| Date of birth: |  |
| Address (including postcode): | Postcode: |
| Name of **all** parent/carers with parental responsibility: | Name: AddressRelationship to child/young personContact details. Tel:E mailNameAddressRelationship to child/young personContact DetailsTel;E mail |
| Is child/young person currently looked after? (\*\* see back of form for information) If yes please include which authority. |  Yes NoLocal authority (where applicable): |
| Ethnic origin: (\*please see end of form for details) |  |
| Child’s/ young person’s first language: |  |
| Parent’s first language: |  |
| Details of any special requirements which may be necessary to support communication with parent/carer (i.e. interpretation/signing). |  |
| Please tell us who lives at the family home, whether the child has any siblings. Are there any immediate family members living elsewhere? If so please give details.What support network does the child/family have (please give details of friends or family, for example, who support you and/or your child). |  |

**SCHOOL/SETTING DETAILS:**

|  |  |
| --- | --- |
| School/setting child/young person is currently attending: |  |
| Previous setting (where transfer has occurred in the last year): |  |
| School year group (if applicable) |  |

**YOUR VIEWS/ YOUR CHILD’S VIEWS:**

|  |
| --- |
| **Your Views** (*For example please tell us your family history (eg what was your child like as a baby), what is important to you?, what do people like and admire about your child?, what support do you feel that your child needs?, what is important to your child?, what are their likes, interests, and aspirations?, what essential information do we need to know about your child? if you prefer you can attach a copy of the ‘Family Information and Views Form for Statutory EHC Assessment’ that can be found on the Derby City Council Local Offer)* **Child’s Views:** *For example:-**what is important to your child?, things that they find difficult, what people like and admire about them, what are your child’s likes/interests/aspirations?, what changes would make it easier for them to learn?, what essential information does your child want us to know about them? (if you prefer you can complete and attach a copy of the ‘Child/Young Person’s Views form for Statutory EHC Assessment’ that can be found on the Derby City Council Local Offer). The views given here should be the views of your child wherever possible.* |

**REASON FOR REQUESTING AN EHC NEEDS ASSESSMENT:**

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| --- |
|  |

**SPECIAL EDUCATIONAL NEEDS AND STRENGTHS:**

In which areas is your child experiencing significant need and what strengths would you like to tell us about? Please complete all sections that you feel are relevant.

|  |  |
| --- | --- |
| **Communication/Interaction***for example, where children and young people have speech, language and communication difficulties which make it difficult for them to make sense of language or to understand how to communicate effectively and appropriately with others*   | **Difficulties****Strengths** |
| **Cognition/Learning***for example, where children and young people learn at a slower pace than others their age, have difficulty in understanding parts of the curriculum, have difficulties with organisation and memory skills, or have a specific difficulty affecting one particular part of their learning performance such as in literacy or numeracy*  | **Difficulties****Strengths** |
| **Social, Emotional and Mental Health***for example, where children and young people have difficulty in managing their relationships with other people, are withdrawn, or if they behave in ways that may hinder their and other children’s learning, or that have an impact on their health and wellbeing*  | **Difficulties****Strengths** |
| **Sensory/Physical***for example, children and young people with visual and/or hearing impairments, or a physical need that means they must have additional on-going support and equipment*  | **Difficulties****Strengths** |

**DETAILS OF OTHER PROFESSIONALS WHO SUPPORT MY CHILD/YOUNG PERSON AND/OR FAMILY (please attach reports if you have them)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Service | Name | Contact details (please include address and e mail where known) | Telephone | Report attached (yes/no) |
| *Doctors Surgery (GP)* |  |  |  |  |
| *Early Years/education/FE Training provision* |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**OTHER THINGS YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD/YOUNG PERSON AND FAMILY.**

|  |
| --- |
| ***Please provide details of any other information you would like us know.****For example any history, diagnosis, medication, self-help skills, likes/dislikes, strengths/difficulties, aspirations, main areas of concern, anything else that you feel is relevant if this is not covered above.* |

**With this referral please also send us (**please tickrelevant boxes**)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Any reports about your child** |  | **Your child’s one page profile** |  | **Examples of work** |  |

**Parent/Young Person’s Consent for Request for Education, Health and Care Needs Assessment.**

**Consent:** (please ensure that this section is **FULLY** completed)

I am requesting that Derby City Council undertakes an Education, Health and Care Needs Assessment for my child.

I agree to Derby City Council seeking any relevant information from other professionals to help them in deciding whether it is necessary to carry out an Education, Health & Care Needs Assessment.

If an Education, Health & Care Needs Assessment is approved I agree to Derby City Council seeking further professional advice and/or assessment to help them decide whether it is necessary to issue an Education, Health and Care Plan.

**Data Protection.**

Your details will be used in accordance with the Data Protection Act (DPA) 1998 or other appropriate legislation, and will be stored electronically. If information you have provided is personal, as defined under the DPA, we will only use it for the purpose for which you provided it. We only share your personal data with a third party if we are required to do so by law or if we need to in order to provide the service you requested.

Parent/Carer/ Guardian Signature: Date:

Name:

Young person signature (where young person is over 16): Date:

Please send this form and all associated paperwork to:

SENDadmin@derby.gov.uk

Or by post to:

SEN Team

Derby City Council

Corporation Street

Derby

DE1 2FS

\*Ethnic Origin

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **white** | **Black or Black British** | **Asian or Asian British** | **Mixed or dual background** | **Chinese/other**  |
| White British | Caribbean | Indian | White and black Caribbean | Chinese |
| White Irish | African | Pakistani | White and Black African | Any other Ethnic Group\* |
| Traveller of Irish heritage | Any other back background\* | Bangladeshi | White and Asian | Not given |
| Gypsy/Roma |  | Any other Asian Background\* | Any other Asian background\* |  |
| Any other white background\* |  |  |  |  |

\*if other please specify

\*\*Looked after children

A child is looked after by a local authority if he or she has been provided with accommodation for a continuous period of more than 24 hours, in circumstances set out in the Children Act 1989, or is placed in the care of a local authority under an order made under the Act. A child who is being looked after by their local authority is also sometimes known as a child in care. They might be living:

* with foster parents
* at home with their parents under the supervision of children’s social care services
* in residential children's homes
* in other residential settings like schools or secure units.