# Parent / Carer Request for an Education Health Care (EHC) Needs Assessment

This form is to be used by **a parent/carer** to request an EHC needs assessment for their child. **If you are a young person or professional / setting** who would like to make a request, **please do not use this form.**

## How to complete this form

* It is very important that we have full information about your child’s special educational needs and disabilities.
* You can ask someone you trust and who knows your child well to help you fill in this form.
* The information that you put on this form will be shared with all professionals who work with your child.
* Please ensure you submit:
	+ All assessments/diagnoses/reports from professionals supporting your child, dated within the last 24 months
	+ A Family Conversation Form
	+ A SEND Education Health Care Plan Data protection information/Privacy Notice and Consent to Information Sharing (SEND DP1)

We will be requesting the following information from the educational setting if your child is attending one as the LA **must** have copies of the following documents to inform decision making:

* A copy of the child/young person’s attendance record at their educational placement for the last complete year.
* Details of the provision, progress and outcomes at the SEN Support as recorded in the child/young person’s SEN Support Plan or equivalent

The LA will also request the following information from your child’s place of learning (if your child is attending one):

* An [INDES](https://www.schools.norfolk.gov.uk/pupil-needs/special-educational-needs-and-disabilities/identification-of-need-and-inclusive-provision/inclusion-and-provision-sef) (an identification of needs descriptors in educational settings framework) completed within the last 12 months.
* All assessments/diagnoses/reports from professionals supporting the child/young person, dated within the last 24 months
* Evidence that the additional funding required to deliver the SEN provision has been sought from sources already available to the setting

The SEND Code of Practice says:

**Section 36 of the Children and Families Act 2014 and Regulation 10 of the SEND Regulations 2014**

In considering whether an EHC needs assessment is necessary, the local authority should consider whether there is evidence that despite the early years provider, school or post-16 institution having taken relevant and purposeful action to identify, assess and meet the special educational needs of the child or young person, the child or young person has not made expected progress. (9.14)

## How to submit this form

Please return this form, together with any reports to the SEN Operational Support Team using the upload facility on the Local Offer.

You can use our [online upload form](https://online.norfolk.gov.uk/EHCPAttachments/) to upload the request form and documents – fill in your contact details and select ‘choose file’ at the bottom. You can also use the upload form to send us any documents needed during the 20-week process. However, if you are having difficulties, you can print this form, complete it and either:

* Email to csehcp@norfolk.gov.uk; or
* Post to Norfolk Children’s Services, SEN Operational Support Team, Lower Ground Floor, County Hall, Martineau Lane, Norwich, NR1 2DH

## Your child’s personal details (Mandatory fields)

Please note that unless otherwise specified we will contact you in the first instance via email.

| **Information needed** | **Your answer** |
| --- | --- |
| Full name  |  |
| Your address |  |
| Date of birth |  |
| Gender (please delete as appropriate) | Male / Female / Other |
| Ethnicity |  |
| Religion |  |
| Setting (educational or otherwise) name |  |
| Type of setting |  |

### Languages

| **Information needed** | **Your answer** |
| --- | --- |
| Language child hears at home |  |
| Do they need an interpreter for verbal communication? Please state yes or no |  |
| Do they require translation for written communication? Please state yes or no |  |
| If you do require translation, please specify which language (for example, French, sign language) |  |

### Registered GP surgery details

This is essential to identify the correct Integrated Care Board.

| **Information needed** | **Your answer** |
| --- | --- |
| GP name |  |
| GP surgery address |  |

### Your child’s special educational needs/disabilities

| **Information needed** | **Your answer** |
| --- | --- |
| Please tell us about your child’s special educational needs and disabilities |  |

### Do any of the following apply?

| **Information needed**  | **Your answer - please state yes or no** |
| --- | --- |
| Continuing Care (for significant health care needs) |  |
| Child in Care / Care leaver |  |
| Adopted / special guardianship |  |
| Section 17 Child in Need |  |
| Section 47 Child Protection |  |
| Early Help Family Support Plan |  |
| Early Years Pupil Premium  |  |
| Disability Access Fund |  |
| Disability Living Allowance |  |
| Child of armed service personnel |  |
| Adult Social Services |  |
| Young Carer |  |
| Free School Meals |  |

## Parent/carer contact details

Please note unless otherwise specified we will correspond in the first instance via email.

### Parent/carer 1

| **Information needed** | **Your answer** |
| --- | --- |
| Name |  |
| Relationship to child |  |
| Address (if different to child’s) |  |
| Do you have parental responsibility? Please state yes or no |  |
| Email address |  |
| Telephone numbers(s) |  |

#### Languages / access needs

| **Information needed** | **Your answer** |
| --- | --- |
| Is an interpreter required for verbal communication? Please state yes or no |  |
| Is translation required for written communication? Please state yes or no |  |
| If translation is required, please specify which language (for example, French, sign language) |  |
| Are there other needs which we should be aware of? (For example, learning difficulty or disability, accessibility needs) |  |
| Member of the armed forces? Please state yes or no |  |

### Parent/carer 2

| **Information needed** | **Your answer** |
| --- | --- |
| Name |  |
| Relationship to child |  |
| Address (if different to child’s) |  |
| Do you have parental responsibility? Please state yes or no |  |
| Email address |  |
| Telephone numbers(s) |  |

#### Languages / access needs

| **Information needed** | **Your answer** |
| --- | --- |
| Is an interpreter required for verbal communication? Please state yes or no |  |
| Is translation required for written communication? Please state yes or no |  |
| If translation is required, please specify which language (for example, French, sign language) |  |
| Are there other needs which we should be aware of? (For example, learning difficulty or disability, accessibility needs) |  |
| Member of the armed forces? Please state yes or no |  |

Other agencies / professionals involved with your child

The information provided here will help us identify agencies / professionals who we’ll need to seek information/evidence from as part of the EHC needs assessment. Please help us by identifying the relevant agencies using the following table. Please state Yes in the Yes or no column to indicate that this professional has been involved with your child and provide their contact details in the next section.

| **Education** | **Yes or no** | **Health** | **Yes or no** | **Social Care** | **Yes or no** |
| --- | --- | --- | --- | --- | --- |
| Access Through Technology |  | Children and Adolescent Mental Health Service |  | Children with Disabilities Social Care |  |
| Dyslexia Specialist |  | Children’s Community Nursing |  | Other Children’s Social Care |  |
| Educational Psychology |  | Occupational Therapy |  | Early Help Family Support Lead Professional |  |
| Portage |  | Paediatrician |  | Wheelchair Services |  |
| Sensory Support |  | Ophthalmology (in hospital eye care) |  | Short Breaks Service |  |
| Armed Service Children’s Education Advisory Service |  | Orthotics |  | Adult social care |  |
| Careers adviser / preparation for adulthood |  | Continuing Care |  | Youth Offending Services |  |
| Virtual School Children in Care |  | Physiotherapy |  | Other (please provide details in contact section) |  |
| Services to Home Education |  | Speech and Language |  | Other (please provide details in contact section) |  |
| Other (please provide details in contact section) |  | 0-19 Healthy child programme (Health visitor/school nurse) |  | Other (please provide details in contact section) |  |
| Other (please provide details in contact section) |  | Other (please provide details in contact section) |  | Other (please provide details in contact section) |  |

## Professional contact details

If you have more than four professionals supporting your child please add details on a separate sheet.

### Professional 1

| **Information needed** | **Your answer** |
| --- | --- |
| Name |  |
| Job title |  |
| Organisation |  |
| Address |  |
| Email address |  |
| Telephone number |  |
| Report attached? Please state yes or no |  |
| What support is being provided? |  |

### Professional 2

| **Information needed** | **Your answer** |
| --- | --- |
| Name |  |
| Job title |  |
| Organisation |  |
| Address |  |
| Email address |  |
| Telephone number |  |
| Report attached? Please state yes or no |  |
| What support is being provided? |  |

### Professional 3

| **Information needed** | **Your answer** |
| --- | --- |
| Name |  |
| Job title |  |
| Organisation |  |
| Address |  |
| Email address |  |
| Telephone number |  |
| Report attached? Please state yes or no |  |
| What support is being provided? |  |

### Professional 4

| **Information needed** | **Your answer** |
| --- | --- |
| Name |  |
| Job title |  |
| Organisation |  |
| Address |  |
| Email address |  |
| Telephone number |  |
| Report attached? Please state yes or no |  |
| What support is being provided? |  |

## Your general views

| **Information needed** | **Your answer** |
| --- | --- |
| What do you think your child needs support with at their school or placement? How do you think this can best be given? Are there things that have worked well before at home or in their setting that are not in place now? |  |

| **Information needed** | **Your answer** |
| --- | --- |
| Can you compare your child with others at the same age? What are they good at or what do they enjoy doing? What do they worry about? What are your worries and concerns? |  |