# Young Person’s Request for an Education Health Care (EHC) Needs Assessment

This form is to be used by **a young person over the age of 17 years old** to request an EHC needs assessment for themselves. **If you are a parent, carer, 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 special educational needs and disabilities.
* You can ask someone you trust and who knows you 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 you.
* Please ensure you submit:
  + All assessments/diagnoses/reports from professionals supporting you, 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 you are attending one as the LA **must** have copies of the following documents to inform decision making:

* A copy of your attendance record at your educational placement for the last complete year.
* Details of the provision, progress and outcomes at the SEN Support as recorded in your 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 you, 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 your 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](mailto: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

## Young person’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 |  |
| Email address |  |
| Telephone number(s) |  |
| Date of birth |  |
| Gender (please delete as appropriate) | Male / Female / Other |
| Ethnicity |  |
| Religion |  |
| Setting (educational or otherwise) name |  |
| Type of setting |  |
| Are you a Child in Care or a Care Leaver | Child in care / care leaver |

### Languages

| **Information needed** | **Your answer** |
| --- | --- |
| Language you hear at home |  |
| Do you need an interpreter for verbal communication? Please state yes or no |  |
| Do you 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 special educational needs/disabilities

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

## Parent/carer contact details

If you would like your parent/carer or other supporter to receive information about your assessment as well as yourself, please complete the form below with their 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 you |  |
| Address (if different to yours) |  |
| Do they have parental responsibility? Please state yes or no |  |
| Email address |  |
| Telephone numbers(s) |  |

#### Languages / access needs

| **Information needed** | **Your answer** |
| --- | --- |
| Do they need an interpreter for verbal communication? Please state yes or no |  |
| Do they need translation for written communication? Please state yes or no |  |
| If they do require translation, please specify which language (for example, French, sign language) |  |
| Do they have other needs which we should be aware? (For example, learning difficulty or disability, accessibility needs) |  |
| Are they a member of the armed forces? Please state yes or no |  |

### Parent/carer 2

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

#### Languages / access needs

| **Information needed** | **Your answer** |
| --- | --- |
| Do they need an interpreter for verbal communication? Please state yes or no |  |
| Do they need translation for written communication? Please state yes or no |  |
| If they do require translation, please specify which language (for example, French, sign language) |  |
| Do they have other needs which we should be aware? (For example, learning difficulty or disability, accessibility needs) |  |
| Are they a member of the armed forces? Please state yes or no |  |

Other agencies / professionals involved with you

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 you 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 |  |
| Sensory Support |  | Paediatrician |  | Wheelchair Services |  |
| Armed Service Children’s Education Advisory Service |  | Ophthalmology (in hospital eye care) |  | Short Breaks Service |  |
| Careers adviser / preparation for adulthood |  | Orthotics |  | Adult social care |  |
| Virtual School Children in Care / SEN |  | Continuing Care |  | Youth Offending Services |  |
| Services to Home Education |  | Physiotherapy |  | Other (please provide details in contact section) |  |
| Other (please provide details in contact section) |  | 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 you 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 to you? |  |

### 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 to you? |  |

### 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 to you? |  |

### 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 to you? |  |

## Your General Views

| **Information needed** | **Your answer** |
| --- | --- |
| Thinking about friends or other young people of the same age as you, what, if anything, do you find more difficult or feel you need more support with? What worries and concerns you? |  |

| **Information needed** | **Your answer** |
| --- | --- |
| Is there any information you would like to give? For example: about your family that you think may affect you or is there any family history of special needs or major events that might have affected you? |  |