

# South Gloucestershire Council

## 0-25 SEND Team

### Parent or Young Person's Request for an Education, Health and Care (EHC) Needs Assessment

This is an application form to request that South Gloucestershire Council conduct a needs assessment for an Education, Health and Care Plan.

Please do not worry if you cannot complete all the boxes, but the more information you give, the more able we will be to make an informed decision.

The 20 week assessment process starts once the form is received by the Access and Response Team (see below for details of how to submit it). You will receive an acknowledgement when it has been received.

If you have any questions about completing this form, in the first instance please contact the 0-25 SEND team duty officer on 01454 865137.

You can find out more about Education, Health and Care plans on the Local Offer webpage at <http://www.southglos.gov.uk/health-and-social-care/care-and-support-children-families/local-offer/local-offer-education-health-and-care-plans/>

If you want to talk to someone who is independent and knows about special educational needs, you can get help from Supportive Parents, who can be contacted in the following ways:

Telephone: 0845 790 9090

Email: [support@supportiveparents.org.uk](mailto:support@supportiveparents.org.uk)

Website: [www.supportiveparents.org](http://www.supportiveparents.org)

If you are completing this form electronically, please email it to the Access and Response Team (if you want to send it by securemail, please telephone Access and Response for further information about how to do this).

Alternatively, if you are completing this form as a hard copy, you can post it to us:

Access and Response Team

PO Box 1955

Bristol BS37 0DE

Tel: **01454 866000**

Email address: [accessandresponse@southglos.gov.uk](mailto:accessandresponse@southglos.gov.uk)

## Part 1: About the child/young person

<b>Child/young person's surname:</b>		<b>Child/young person's given name(s):</b>	
<b>Date of birth:</b>		<b>Gender:</b>	
<b>What is the child/young person's ethnicity?</b>	Choose an item.	If the child/young person prefers to be known by another name, please provide it here:	
<b>Address:</b> (If the child/young person lives at two different addresses, please give the address where the child/young person lives for more than 50% of the time)			
<b>Contact details for young person:</b> (if over 16 and they wish to be contacted directly)			
<b>Home Language:</b>		<b>Does the child/young person need an interpreter?</b>	
<b>Religion:</b>		<b>NHS number:</b>	
<b>Is the child/young person a Looked After Child?</b>	Yes/No	If yes, please provide the name of the responsible Local Authority	
		<b>Details of the child/young person's Social Worker:</b>	
		<b>Name of Social Worker:</b>	
		<b>Address:</b>	
		<b>Telephone Number:</b>	
		<b>E-mail address:</b>	

## Part 2: About the Child/Young Person's Parents/Carers

1. Name:		Relationship to child/young person:		Does this person have parental responsibility?	Yes/No
Address of Parents/ Carers (if different to child/young person):			Contact Details: Tel: Email:		
2. Name:		Relationship to child/young person:		Does this person have parental responsibility?	Yes/No
Address of Parents/ Carers (if different to child/young person):			Contact Details: Tel: Email:		
Are there any other adults with parental responsibility for this child/young person? <i>(If YES, please give details below).</i> Yes /No					
Name:					
Address:					
Contact details:					
Name:					
Address:					
Contact details:					
Are any of the adults with parental responsibility for the child/young person currently serving in the Armed Forces? Please give name of parent/carer and details below:					
Please note: Where a parent is in the armed forces, the Department for Children, Adults and Health must seek advice from the Children's Education Advisory Service (CEAS), part of the MOD's Directorate for Children and Young People (DCYP), in respect of a Service child with special educational needs (SEN) for whom the authority is initiating an EHC needs assessment.					

Does the referrer have any access issues e.g. disability, a literacy barrier?	Yes/No
<i>If yes, please provide details of any reasonable adjustments that the LA will need to take into account to support the family through this process</i>	

## Part 3: Child/Young Person's Special Educational Need Details

It is very important that we have full information about the child/young person's special needs and disabilities.

The information that you put on this form will be shared with all the professionals that work with the child/young person and the professionals who will be making a decision, in accordance with the consent section at Part 8 of this form.

Please tick if the child/young person attends any of the following:

Playgroup		Preschool		Nursery	
Toddler group		School		Sixth Form	
College		Work		Home Educated	
Clubs		Training Provider		Child Development Centre	
Other:					

Name of current nursery/school/ sixth form/college or other educational placement (if applicable)	
Current Year Group	
Is the child/young person registered or taught predominantly outside of his/her chronological year group? (If the answer is yes, can you briefly explain when this was decided and the reason why)	Yes/No/Don't Know
Does the school receive Pupil Premium for the child/young person?	Yes/ No/Don't Know
What is the child/young person's current attendance at their educational setting?	
Has the child had any exclusions from school? (If the answer is yes, briefly tell us the reason why and whether it was a fixed number of days or if it was a permanent exclusion)	Yes/No/Don't Know

Previous School/Setting(s)	Start Date	End Date	Reason for the move

If a preschool request please answer the questions in the boxes below:

Does the child attend more than one setting?	Yes/No	How many hours is the child attending and what are the sessions?	
Is the child accessing 30 hours free childcare in nursery?	Yes/No		

<p>Have you discussed this application with the child/ young person's Special Education Needs Coordinator (SENCo)? (If your answer is no can you briefly explain why not)</p> <p>Please attach any relevant information or reports from the child/young person's educational setting with this request.</p>	
---	--

#### Part 4 – Professionals Involved with the child/young person

Please tick any services that you are aware the child/young person is using or is known to:

Please attach reports, letters or assessments from each professional to this request

Services	Yes/No
Educational Psychology	
Physiotherapy	
Paediatrician	
Occupational Therapy	
Speech and Language	
Orthotics	
Sensory Support Service	
Disabled Children's Team	
Wheelchair Services	
Dyslexia Specialist	
Children's Community Nursing	
CAMHS (Children and Adolescent Mental Health Service)	
Ophthalmology (in hospital eye care)	
Other – please give details	



**Is there anything else you want to tell us that you feel is important?**

*Continue on additional pages if required.*

### **Part 6 – Medical History**

Does the child/young person have a diagnosis or suspected diagnosis or any medical conditions e.g Asthma/Epilepsy/Hearing or Visual problems?

Do you have any concerns regarding the child/young person's health?

Is he/she under the care of any hospital consultants? If so please give the consultant's name and the name of the hospital/clinic

Is the child/young person known to any other health care professionals? If so please include the names of the people the child/young person sees and what they do.

Does the child/young person have a Health Care Plan? If yes please provide reasons for the plan.

Is the child/young person on any medical treatment? Please give name, doses and times given.

Does the child/young person's health pose any risk to themselves or to others whilst in school? If so, what?

Is there any family medical history you would like to share?

Is there anything else you think we should know?

**Part 7 – Your Contact Details**

Contact Telephone Number(s)	
Email	
Preferred Method (and time) of contact (within normal business hours)	

**Part 8 - Declaration of Parent / Carer / Young Person**

**Please note that we will not be able to proceed with this request unless these two boxes are ticked:**

- I/We would like you to consider my/our child/young person’s special educational needs and agree to the Local Authority undertaking an EHC needs assessment if they agree it is necessary. I/We give you permission to contact my/our child/young person’s educational placement, health services, social care or other professionals to obtain information. (If there is anyone you do not consent to us contacting, please tick here but also give us more information below).
  
- I/We give consent for information to be shared between professionals within South Gloucestershire Council and with other professionals involved in my/our child/young person’s care for the purposes of a needs assessment and, should an Education, Health and Care plan be issued, for the purposes of ongoing review.

.....  
**Please tick below as appropriate:**

- I/We understand that an Education, Health and Care plan will only be issued by the Local Authority in circumstances where the EHC needs assessment concludes that it is necessary for special educational provision to be made for a child or young person in accordance with an EHC plan.
  
- I/We have worked in partnership with the educational setting to help meet educational needs.
  
- The educational setting agrees that an EHC needs assessment of my/our child/young person should be considered.
  
- I/We give my/our consent for any necessary medical examinations and professional assessment, including psychological assessment, and will make myself/child/young person available for these purposes.

Is there any individual or organisation you would not wish information to be shared with, or assessments you do not wish to give consent for?

Please give name(s) and details:



**I/We confirm that I/we have read and understood the above declaration:**

**Parent/Carer**

<b>Name (Please Print)</b>	<b>Signature</b>	<b>Date</b>

**Parent/Carer**

<b>Name (Please Print)</b>	<b>Signature</b>	<b>Date</b>

**For young people aged 12 or over who are able to understand the process of consent:**

**Young Person**

<b>Name (Please Print)</b>	<b>Signature</b>	<b>Date</b>

I would like you to contact the following people who are currently involved with the child/young person for advice as part of the EHC needs assessment. (We will contact the Educational Psychology Service, Children's Social Services and the District Health Authority in all cases via the EHC needs assessment process):

<b>Name/Organisation</b>	<b>Full Address</b>	<b>Telephone Number</b>

Privacy Notice under the Data Protection Act (General Data Protection Regulations from 26<sup>th</sup> May 2018)

South Gloucestershire Council are collecting Personal Identifiable Information to enable the best possible advice and support to be provided and to meet the statutory requirements under the Children and Families Act 2014. We need to collect this information in order to consider your request for and Education, Health, Care needs assessment. This information is being processed under DPA – Schedule 2 (2a) (GDPR 2018 – Article 6 (1) b).

South Gloucestershire Council will not share any Personal Identifiable Information collected with external organisations unless required to do so by law. However, this information will be shared within South Gloucestershire Council and partner agencies (Department of Education, NHS, Schools/settings, and Early Years providers). For further details on the council's privacy arrangements please view the privacy page on the council's website page:

<https://www.southglos.gov.uk/council-and-democracy/data-protection-and-freedom-of-information/privacy-statement/>