

Barking and Dagenham Parental Request for Statutory Education Health and Care Needs Assessment



Childs name	
Educational setting	

Revised 2018

Points for you to consider before requesting Education Health and Care Needs Assessment

1. Does your child/young person have long term and lasting educational needs?
2. Can you describe what your child/young person's school is currently offering in terms of additional support to meet any identified need?
3. Have you included the child/young person's views about this Educational Health and Care Needs Assessment request?
4. Does your child/young person have educational/learning needs as the main concern? For example, not all disabled children/young people have special educational needs.
5. How are the child/young person's current needs being met within the current setting/school? Does the child/young person currently have additional adult support to access these types of provision? (Attach school timetable).
6. Which professionals/agencies have been involved in supporting your child in school? Make sure you attach any up to date reports (no older than 12 months).
7. What is the impact of the child/young person's needs on the whole family – for example is night time regularly disrupted, is the child/young person able to access mainstream social activities such as swimming, beavers, brownies, sport without support?
8. You will need to provide proof that you and your child/young person live within Barking and Dagenham. Please attach either a Council Tax Statement or Rental Agreement.

Name of child/young person			
Date of birth of child/young person		Current school year group	
If child/young person is not being taught in their correct chronological year group, please give reasons			
Address			
Parents/carers names and email/telephone/address if different from above			
Who has parental responsibility for the child/young person?			
Siblings/place in family			
Language(s) spoken			
Ethnicity			
Interpreter required?	Yes	No	
Language			
Name of person making request			
Role			
Contact details (email/telephone/address)			

Why do you think an Education Health and Care Needs Assessment is necessary for your child/young person?

(Include what benefits you believe an EHC Needs Assessment will bring to the child/young person and the intended outcomes for the child/young person).

<p>Does your child / young person have a Common Assessment Framework or Social Care Assessment?</p> <p>Please tick ✓ and attach a copy.</p>	<p>Common Assessment Framework</p> <p>Y/N</p>	<p>Social Care Assessment</p> <p>Y/N</p>
<p>When was this completed?</p>		
<p>Date of last review/Team Around the Family?</p> <p>Please attach a copy.</p>		

Health Provision

Does your child / young person have formal medical diagnosis/diagnoses? Please tick ✓ and attach a copy of relevant reports.	Yes	No
If Yes, please give details		
Does your child have ongoing and lasting health needs that will require specialist treatment for foreseeable future?	Yes	No
If Yes, please give details		
Are these health needs likely to impact on your child / young person's current and future educational progress and attainment?	Yes	No
If Yes, please give details		

Indicate which of the following Health services the child/young person accesses now or has in the recent past. Please also indicate if Health services have been offered but not taken up. If a referral has been made but no report received please indicate date of referral.

	Name of specialists	Tick if report attached	Date of report	Date of referral
Local Paediatrician / Consultants				
Specialist Hospital such as GOSH/Moorfields				
Child Development Team				
Speech and Language Therapy				
Occupational Therapy				
Physiotherapy				
Specialist feeding				
Children's Home Care Team				
Dietician				
Child and Adolescent Mental Health Services				
Audiology				
Health Visitor				
School Nurse				

School Nurse				
Other				

Please contact your child/young person's current school/setting and obtain a copy of your child's weekly timetable. This should show if your child/young person is being taught in smaller groups or if they have any 1-1 support. Please make sure you attach a copy of this timetable.

Tick which of the following educational services are supporting the child / young person or their programme:

	Name	Tick if report attached	Office use
Portage			
Educational Psychologist -you must include EP assessment. If this has not been undertaken, please explain why			
Inclusion Adviser Team			
Speech & Language Therapy Service			
Early Years Setting			
Visual Impairment support/outreach			
Hearing Impairment support/outreach			
School			

Post 16/college			
PRU/Alternative provision			
Home Education			
Special School outreach			
Additional Resourced Provision /Nursery Additional Resourced Provision			

Social Care Provision

Is your child / young person known to Social Care?	Yes	No	
Which Social Care Team?			
Named Social Worker?			
What is the status of the child / young person?	Looked After Child	Child in Need	Child Protection
Is the child / young person known to Social Care Occupational Therapy?	Yes		No
If Yes, please give details			
Is Family Support involved with the child/young person/family?	Yes		No
If Yes, please give details			
Do you and your family access the Heathway Centre?	Yes		No
If Yes, please give details			

How does your child/young person manage at home? What hobbies do they enjoy? Are they involved in any clubs e.g. brownies, scouts etc? What is the impact of your child/young person's needs on your whole family?

I/we would like you to consider my/our child's special educational needs. I/we give you permission to contact my/our child's school/setting, health services (including our GP), social care or any other professionals to obtain information about him/her.

Name of parent:	
Name of parent:	
Signature:	
Signature:	
Date:	

Child young person's views and consent (if over 16 years)

Views:		
Consent:		
Signature:		
Date:		
If the young person is under the age of 16 has the request been discussed with them?	YES	NO

If you need support in order to complete this form, please contact the independent Support Service

Barking and Dagenham Carers Information Advice Support Service (IASS) & Independent Support (IS)	
Telephone:	020 8593 4422
Email:	<u>carers@carerscentre.org.uk</u>
Website:	<u>www.carerscentre.org.uk</u>
Address:	Carers of Barking and Dagenham 334 Heathway Dagenham Essex RM10 8NJ

Please return this form and all additional reports and school timetable by e mail or post to:	
Email:	<u>EHCEnquiries@lbbd.gov.uk</u>
Address:	EHC Team 1 Town Square Barking Town Hall IG11 7LU