

**Setting/School/College:**

**Child’s name:**

Parental Request

for

Statutory Education, Health and Care Needs Assessment

MC9104 DEC22

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**Request for Education, Health and Care (EHC) Needs Assessment**

**by a Parent, Carer or Young Person**

**Please note, this form is only for Barking and Dagenham residents. If the assessment request is for a child/young person who lives outside Barking and Dagenham, please contact the SEN Service in the borough where the child or young person lives.**

It is usually an Early Years setting, school or college that asks for a statutory Education, Health and Care Assessment. If your child/young person is in education and you think that they might need an EHC assessment you should discuss this with the SENCO /Inclusion Co-ordinator at their Early Years setting, School or College.

Occasionally, parents/carers or young people decide to request this assessment themselves. This is usually when a child or young person is not already attending school or Early Years setting, or if the setting, school or college does not agree that such an assessment is needed. In these circumstances we recommend that any family involves the Independent Support Service. The service can also be contacted if support is needed to complete the form.

**The service provides:**

* free, impartial advice, information and support on education
* support at meetings with schools and the Local Authority
* help to complete SEN and disability related paperwork
* support around the EHC process

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| **Carers of Barking and Dagenham** **Information Advice and Support Service (IASS) &****Independent Support (IS)**  |
| **Telephone:**  | 020 8593 4422 |
| **Email:** | carers@carerscentre.org.uk |
| **Website:**  | [www.carerscentre.org.uk](http://www.carerscentre.org.uk) |
| **Address:** | Carers of Barking and Dagenham334 HeathwayDagenhamEssex RM10 8NJ |

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| **Section A**  |

**Guidance on Making Requests**

A statutory Education, Health and Care assessment is something that will only be considered if, despite access to all the available local services and supports, your child or young person is, or is unlikely to, make the progress that they may be capable of without considerable additional support.

It will be helpful if you can provide as much information and evidence as possible that your child or young person requires support in addition to all the services that are normally available to all children, (see Section G page 18), so that a proper decision about your request can be reached by the Local Authority. If you do decide to make a request yourself, please use the form below.

The following documents (if available) can be submitted with your request for assessment:

* the most recent/latest report from an Educational Psychologist
* recent /latest reports from the Early years setting, school/college. This may include end of term /year reports, SEN Support Plans, Pupil profile /SEN provision map
* a copy of any specialist assessment advice or reports relevant to the child’s learning or development (e.g. Speech and Language Assessments, Early Help, Assessment Diagnostic assessments, Physiotherapy assessment)

|  |
| --- |
| **When you have completed this form, please return it together with any relevant reports by email or post to:** |
| **Email:**  | EHCEnquiries@lbbd.gov.uk |
| **Address:** | Barking Town HallBarkingEssex IG11 7LU |

For further information about the process involved once you have sent your completed form to the Local Authority, please see the chart in Appendix 2 on page 26.

If you would like information on how the Local Authority supports children and young people with special needs, please click on the link below.

 <https://www.lbbd.gov.uk/children-young-people-and-families/local-offer>

Pointsfor you to consider *before* requesting an Education, Health and Care Needs Assessment

* Does your child /young person have special educational needs?
* Does your child/young person have educational /learning needs as the main concern? For example, not all children/young people with a disability have special educational needs
* How are your 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 the curriculum /provision?
* Have you included your child/young person’s views about this Educational, Health and Care Needs Assessment? If your child/young person is non-verbal, please make observations of their likes /dislikes, what they find difficult and the support they need
The boxes in Section D in this document (page 8) are also designed to expand to allow a child/young person to draw /mark make to indicate their likes/dislikes, preferences and needs and where they might need help and support
* Which professionals /agencies have been involved in supporting your child in school and/or at home? (See Section G, page 18) Make sure you attach any recent /latest reports/proof of referral for example a letter from a Clinic /GP.
* You will need to provide proof that you and your child or young person live within Barking and Dagenham. Please either a Council Tax Statement or Rental Agreement.

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| **Section B** |

**Contact Details**

|  |
| --- |
| **Child/Young Person** |
| **First name** |  |
| **Surname** |  |
| **Address** |  |
| **Date of birth** |  |
| **Looked After Child****Y/N**  |  |
| **Gender** |  |
| **Siblings/place in family** |  |
| **Telephone** | *home* |  |
| *mobile* |  |
| **Email address**  |  |
| **Ethnicity** |  |
| **Home Language** |  |
| **NHS Number** |  |
| **Parent/Carer** |  |
| **First name** |  |
| **Surname** |  |
| **Address***(If different from above)* |  |
| **Telephone**  | *home* |  |
| *mobile* |  |
| **Email address** |  |
| **Relationship to child** |  |
| **First language**  |  |
| **Interpreter required?** |  |
| **Parent /Carer (if a 2nd person has parental responsibility)** |
| **First name** |  |
| **Surname** |  |
| **Address** *(if different from above)* |  |
| **Telephone** | *home* |  |
| *mobile* |  |
| **Email address** |  |
| **Relationship to child** |  |
| **First language**  |  |
| **Is an Interpreter required?**  |  |
| **Section C**  |

**Current Educational Setting / School/ College (if any)**

|  |  |
| --- | --- |
| **Name**  |  |
| **Address****(***If different from above* **)** |  |
| **Telephone** |  |
| **Email address** |  |
| **Local Authority area** |  |
| **Lead professional at the setting /school**  |  |
| **Date the child started at the current early years setting, school or college** |  |
| **Any previous education setting(s) attended** |  |
| **If child is not being taught in their correct chronological year group, please give reasons** |  |

|  |
| --- |
| ***If your child does not currently attend an educational setting / school/ college please state this***  |
|  |

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| **Section D**  |

**If you would like support /suggestions to consider when completing this section, please refer to the Appendix (page 24)**

**Child/Young Person’s Views**

|  |
| --- |
| **I am good at:**  |

|  |
| --- |
| **For an Early Years child who is non- verbal please note observations of what they are good at in this box** |

|  |
| --- |
| **What is important to me and makes me happy?**  |

|  |
| --- |
| **For an Early Years child who is non -verbal please note observations of what is important to them and makes them happy**  |

|  |
| --- |
| **How I like to be helped:**  |

|  |
| --- |
| **For an Early Years child who is non -verbal please note observations of how they like to be helped** |

|  |
| --- |
| **Important people in my life** |
|   **Family**  | Makaton symbol for friends **Friends**  |
| Icon  Description automatically generated **Other People**  | Icon  Description automatically generated  **School** |

|  |
| --- |
| **For an Early Years child who is non -verbal please let us know the important people in their lives** |

|  |
| --- |
| A picture containing text, clipart  Description automatically generated**Things I like** |
| **At Home**  | **At School**  |
|  |  |

|  |
| --- |
| A picture containing text, clipart  Description automatically generated**Things I don’t like.**  |
| **At Home**  | **At School**  |
|  |  |

|  |
| --- |
| Icon  Description automatically generated**At School**  |
| **I am good at…………** | **I need help with…………….**  |
|  |  |

|  |
| --- |
| **For an Early Years child who is non -verbal please note observations of their likes/dislikes both at home and in the setting they attend if appropriate** |

|  |
| --- |
| **My future -my hopes and dreams?**http://www.inspiredservices.org.uk/Free_clipart/edem_images/share%20ideas.jpg**The future could be new or a few years on and may include anything from simply being happy, meeting new people or getting a job to be more independent.** |
| **Area of my life**  | **My ideas about this:**  |
| **In school I want to be better at:** |  |
| **At home I want to be better at:**  |  |

|  |  |
| --- | --- |
| **Completed by: (child/young person’s name):**  | **Supported by (Adult’s name):**  |
| **Date:**  | **Relationship to child/young person:** |

|  |
| --- |
| **Anything else you think is important for people to know:** |

|  |
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| **Section E**  |

**Reason(s) for asking for a Statutory Education, Health and Care (EHC) Needs Assessment**

|  |
| --- |
| **How do you think a statutory (EHC) needs assessment would help your child?****(***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)* |
|  |

|  |  |
| --- | --- |
| **Does your child /young person have a Social Care Assessment?** | **Yes / No** |
| **When was this completed?** |  |
| **Date of last review / Team around the Family****Please attach a copy** |  |

**About the child/young person**

|  |
| --- |
| **What difficulties (needs) does your child have in relation to Education, Health and Care?** |
| ***What difficulties are they experiencing with their Education?*** |
| ***What difficulties are they experiencing with their Health?****Does your child/young person have a formal medical diagnosis /diagnoses? Please attach a copy of relevant reports* *Does your child have ongoing and lasting health needs that will require specialist treatment for the foreseeable future?* *Are these health needs likely to impact on your child/young person’s current and future progress and attainment?* |
| ***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, sport, beavers, brownies without support?*** |
| ***What difficulties are they experiencing in their home life in regards to Social Care?****Is your child/young person known to Social Care? If so, which Social Care Team? Please give the name of the Social Worker currently working with your child.**Is your child/young person known to Social Care Occupational Therapy?*  |

|  |
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| **What do you feel is working well for your child?** |
|  |
| **What, if anything, do you feel is not working for your child?**  |
|  |

**What multi -agency arrangements have been in place, if any, (eg Early Support, Child in Need Review?) Please provide details of types and dates of meetings in the last 12 months:**

|  |  |
| --- | --- |
| **Type of meeting** | **Dates** |
|  |  |
|  |  |

Are any multi-agency meetings planned within the next 3 months? If so please provide details:

|  |  |  |
| --- | --- | --- |
| **Type of Meeting** | **Date /Time** | **Venue** |
|  |  |  |
|  |  |  |

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| **Section F** |

**Family Views**

*Please see Appendix for suggestions for support if needed, when completing this section*

|  |
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| **Aspirations for XXXX***You may want to include long term and short-term goals you have for your child* |
| **XXXX’s History***Please include details of the child’s developmental history and /or any significant life events relevant to their special educational needs* |
| **Things we would like people to know about XXXX***You may want to include strengths, needs likes and dislikes*  |
| **How do you communicate with XXXX/****How does XXXX communicate with you?****XXXX communicates with other adults and peers by….** |
| **Additional information you feel is important for people to know** |

|  |
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| **Section G** |

**Information and Advice from Professionals**

Please list and provide any supporting documentation attached to this completed form. To assist with cross checking please reference documents with the corresponding reference number

|  |  |  |  |
| --- | --- | --- | --- |
| **Ref** | **Document name** | **Date** | **No of pages**  |
| **A** |  |  |  |
| **B** |  |  |  |
| **C** |  |  |  |
| **D** |  |  |  |
| **E** |  |  |  |
| **F** |  |  |  |
| **G** |  |  |  |
| **H** |  |  |  |
| **I** |  |  |  |
| **J** |  |  |  |
| **K** |  |  |  |
| **L** |  |  |  |

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| **Section H** |

**People Working With You**

The Local Authority considers all the information attached to this application and listed in the previous section.

Where we agree that an EHC needs assessment is required, we will also contact the people listed below for further information.

Please obtain agreement from the people you are listing that they may be included and contacted if needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service**  | **Name of person and email**  | **Telephone** | **Details of** **involvement** | **Date of most** **Recent** **involvement** |
| *Lead Professional:* |  |  |  |  |
| *Class Teacher:* |  |  |  |  |
| *Child and Adolescent Mental Health Services (CAHMS)*  |  |  |  |  |
| *Child Development Team**Paediatrician/Consultant* |  |  |  |  |
| *Dietician* |  |  |  |  |
| *Early Help /Family Support Worker*  |  |  |  |  |
| *Early Years Team*  |  |  |  |  |
| *Educational* *Psychologist:* |  |  |  |  |
| *Family Support* *Worker* |  |  |  |  |
| *Health Visitor* |  |  |  |  |
| *Inclusion Advisory Team*  |  |  |  |  |
| *Occupational Therapist* |  |  |  |  |
| *Physiotherapist* |  |  |  |  |
| *Portage Service*  |  |  |  |  |
| *SENDIASS* |  |  |  |  |
| *School Nurse* |  |  |  |  |
| *Sensory support service* *Teacher of the Deaf* *Visual Impairment* |  |  |  |  |
| *Social Care*  |  |  |  |  |
| *Social Worker* |  |  |  |  |
| *Specialist Hospital (eg Moorfields)* |  |  |  |  |
| *Speech and Language Therapist* |  |  |  |  |
| *Support Staff* |  |  |  |  |
| *Other* |  |  |  |  |

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| **Section I** |

**Information Sharing and Data Protection Statement**

As a parent or carer, we need to inform you how we share data about you and your children. We also want to emphasise the ways in which we protect your data so that no-one else can access it.

We will use the information in this form to consider whether to create a needs assessment under the requirements of the Children and Families Act 2014

The information that you and other professionals provide will, with your consent, be normally shared. Examples of situations when we may share information **without** your consent are:

* If we need to find out urgently if a child is at risk of harm or need to help a child who is at risk of harm
* If we need to help an adult family member who is at risk of harm
* If we need to help prevent or review a serious crime

Please select and ring one of the following:

* I am an advocate working with a child
* I am a young person aged 16-25
* I am the parent, guardian/carer of a child/young person aged 0-25

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| **Section J**  |

**Consent**

I understand that the information gathered will be saved and used for the purpose of deciding whether to conduct an assessment and /or provide an Education, Health and Care Plan and /or in recommending other services to me.

If there is any individual or organisation who you would wish information not to be shared with, please give details below and explain why:

|  |
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|  |

By ticking this box, I agree to the gathering and sharing of information between my educational setting, health services, social care or other professionals as necessary to support the EHC needs assessment and planning process.

|  |
| --- |
|  |

|  |
| --- |
| **I/we would like you to consider my/our child’s special educational needs for an assessment** |
| **Name of parent:** |  |
| **Name of parent:** |  |
| **Signature:** |  |
| **Signature:** |  |
| **Date:** |  |

|  |
| --- |
| **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** |

**Appendix 1**

**Suggestions for when completing Section D (page 8)**

**What your child is good at**

* does …………………………..like to do things for him/herself?
* what can ………………………do without support?
* what do you think (name)can do well?

**What is important to your child and makes him/her happy?**

* are there particular books/toys ……………….. likes?
* is there a special place that …………………….. enjoys going to/visiting?
* are there any family members ………………………… is particularly close to?
* who are their best friends?

**How your child likes to be helped**

* how does …………………………like to be helped when at home /outside/at the park/out shopping /playing with friends?
* How does ……………………………..like to be helped to be independent for example: when eating/getting dressed /walking/with the other children?
* how is …………………………..helped when getting ready for school?

**Things your child likes/does not like at home and at school**

1. **Things your child likes**
* what does ……………………… enjoy doing at school?
* what does ……………………….like doing at home/out of school?
* what do you like doing with ……………………..?
* does ………………………..like listening to stories? Do they have favourite books and stories?
* what games does …………………….. like playing
1. **Things your child doesn’t like and what adults can do to help**
* what doesn’t …………….like and what does he/she find difficult?
* how are you able to tell when ………………………is upset or sad?
* how are you able to tell when ………………………is upset or sad?
* does ………………………..willingly talk about what is upsetting?
* what do you find it helps to do or say? Eg: a hug/reassurance /encouragement/talking softly/being still/ listening to music/physical activity eg walking/ playing/sporting tasks/a favourite activity/ colouring/ being in a quiet safe space/sleeping
* what does ………………………say helps when he/she is upset
* does ……………………..have a key adult in school with whom suggestions from home can be shared?
1. **What your child needs help with at school**
* how often and when would ……………………..like help in school?
* which subjects in particular does………………….say are most difficult for him/her?
* which subjects does …………………………...enjoy and talk about
* is there a key adult who …………………….trusts /would like support from
* what does ……………………think would help most?

**Appendix 2**

**Timeline showing the process involved for an Educational and Needs Assessment**

**From start to finish an Educational Health and Care (EHC) assessment should take no longer than 20 weeks.** 

|  |  |
| --- | --- |
| Your SEND Lead: |  |
| Your SEND Case Worker: |  |
| Contact Details:  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Deciding whether to Assess** | **Assessment and Evidence Gathering**  | **Consultation with parents**  | **Consultation with placement and finalising the plan** |
| **Weeks** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** |
| **What is going on with my request?** | Upon receipt for an EHC needs assessment the SEND team in the Local Authority have 6 weeks to make a decision to go ahead or notAdd outlineAdd outline | Where an assessment is agreed the SEND team will request advice from education, health and social care professionalsAdd outlineAdd outlineAdd outline | Following receipt of professional advice, the SEND team have 4 weeks to decide whether to issue an Education, Health and Care Plan (EHCP) or notAdd outlineAdd outline | Where a plan is written you should receive a copy of the draft EHCP. You are asked to make comments and provide a preference for a setting /school | The draft plan will be sent to the preferred setting/school to ask if they can deliver the provision and meet the outcomes in the EHCP.  |
| **What should I expect?** | A letter and phone call from the SEND team telling you they have received your request | You will receive a phone call and a letter from the SEND team telling you if the Local Authority agree to the assessment or not.Where an assessment is not agreed you will be able to discuss the decision with your SEND LeadAdd outlineAdd outline | Following the assessment where the Local Authority has agreed to issue a plan you will be invited to help decide or co-produce what we put into the plan Where a plan is not agreed you will be able to discuss this with the SEND Lead Add outlineAdd outline | The draft plan will be sent to you via post/email along with a form for you to tell us about your school preference.An opportunity is also provided for you to give us feedback about your experience so far  | Once the setting/school has agreed they can meet your child/young person’s need you should expect your final planAdd outlineAdd outline |
| **What should I do?** | If you have any further information that will help the SEND team to make a decision -let them know | You can contact the following for support: Carers of Barking and Dagenham **carers@carerscentre.org.uk****Tel: 020 8593 4422**Information Advice and Support Service (IASS) and Independent Support (IS) |  | Let the SEND Team know about any final changes you want. Complete the placement and feedback form and return to the SEND team | Wait to receive your final plan |

**Key**

|  |  |
| --- | --- |
| **Add outline** | Exceptions apply to timescale, for example, where there are missed appointments with Health, the child /young person is absent from the area for 4 weeks or more, there are exceptional or personal circumstances affecting the child or parent /carer, or where the educational institution is closed for at least 4 weeks |
| **Add outlineAdd outline** | You have rights to appeal if you do not agree with the decision-you can contact IASS for support  |
| **Add outlineAdd outlineAdd outline** | No new advice is needed where there is existing assessment information and parents/carers agree it is sufficient |

**FAQs**

|  |  |
| --- | --- |
| **What if I do not get a call or letter?** | Contact your SEND Co-ordinator to ask what is happening to the request for an EHC assessment |
| **It has been 6 or 16 weeks and I have not received a decision?** | Contact your SEND Co-ordinator. It may be that we are still waiting for advice and have not yet been able to make a decision or all advice has not been provided and so there are delays |
| **Where can I find out more information about how the Local Authority makes decisions about whether to agree to an EHC assessment and issue an EHC plan** | The decision-making process including the criteria used by the Local Authority can be found on the Local Offer<https://www.lbbd.gov.uk/children-young-people-and-families/local-offer> |
| **What happens once the EHC plan is completed at week 20?** | Once you have the final EHC plan there will be an Annual Review. You will be invited to attend this meeting at the child/young person’s educational setting. When your child is due to move schools or into a post 16 placement, the Local Authority will send you more information to explain the next steps.  |