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| **Education, Health and Care Needs Assessment Request****Parent/Carer Request Form**  |

**This request is made in accordance with section 36 of the Children and Families Act 2014**.

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| 1. **1. Learners Person Details**
 |
| Full name: |  |
| I like to be known as: |  |
| Date of birth: |  | Gender: |  |
| Ethnicity: |  | Religion: |  |
| Home address: |  |
| Telephone number: |  | Social care status? | Not Applicable [ ]  Child In Need (CIN) [ ]  Child Looked After (CLA) [ ] Care Leaver [ ]   |
| UPN: |  | NHS No: |  |
|  |
| 1. **Parent/Carer Details**
 |
| Relationship to learner:  |  | Title:  |  |
| First name: |  | Surname: |  |
| Home address: |  |
| Telephone: |  | E-mail: |  |
| Does this person have Parental Responsibility?  | Yes [ ]  No [ ]   |
| Preferred method of communication?  | Letter [ ]  Email [ ]  Telephone [ ]  |
| First Language |  |
| Any support needs? |  |
|  |
| Relationship to learner:  |  | Title: |  |
| First name: |  | Surname: |  |
| Home address: |  |
| Telephone: |  | E-mail: |  |
| Does this person have Parental Responsibility? | Yes [ ]  No [ ]   |
| Preferred method of communication?  | Letter [ ]  Email [ ]  Telephone [ ]  |
| First Language |  |
| Any support needs? |  |

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| 1. **Details of current education setting**
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| Name of current educational setting:*(early years/school/college/work/training provider)* |  |
| Current year group: |  |
| Date of entry to current educational setting: |  |
| Name and role of main contact in setting: |  |

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| **4. Learner’s GP Details** |
| GP Name |  |
| GP/Surgery Address |  |

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| 1. **External Agency/Professionals Involvement**

Please indicate if your child is currently receiving any support from specialist services (e.g. Educational Psychologist, Specialist Teacher), health and/or social care.If reports they have recently written are available please attach them to the end of this request for assessment and indicate in the table: |
| Name: | Job title: | Organisation: | Contact details: | Involvement Date | Report Included? |
| From | To |
|  |  |  |  |  |  | Yes [ ]  No [ ]   |
|  |  |  |  |  |  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  | Yes [ ]  No [ ]  |

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| **6. Parent/carer views**  |
| What do you hope will be achieved as a result of this request for Education Health and Care Assessment? | *Why is a request for assessment being submitted now?* *What do you hope this process will provide for your child?* *What difference would an EHC Assessment make?* |
| If an assessment is agreed I/we would like further or more up to date information to be requested from the following practitioners | *Are there practitioners who you would like up to date information or advice from if an Education, Health and Care Assessment is agreed?**This is an opportunity to identify those who know your child well and who are able to provide details on their strengths, difficulties and support which is in place or required.* *This may include people such as health or medical practitioners, family support or social workers, voluntary support agencies, youth group or after school club leaders etc.* |
| Is there any information you would like to share relating to your child’s Special Educational Needs to support a request for an Education Health and Care Assessment? | *This is an opportunity for parents/carers to provide additional information at this early stage if they wish. There is no requirement for this box to be completed.* |

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| **Parent/Carer Consent** |
| I would like the Local Authority to consider my child’s special educational needs and agree that information about them can be accessed on a ‘needs to know’ basis by education, health and social care as appropriate and can be shared with future providers to help them plan provision and appropriate support. You also agree that the Local Authority can seek information and advice from other services as appropriate. |
| **Signature of person giving consent:** |  |
| **Name of person giving consent:** |  |
| **Contact telephone no:** |  |
| **Contact e-mail:** |  |
| **Date:** |  |

**Please return this form, together with any additional reports that you wish to be considered to:**

**By post:** SEND Assessment & Review Team, Hull City Council, 79 Lowgate, Hull, HU1 1HP

**By e-mail:** In Microsoft Word format to: SEND@hullcc.gov.uk.

Please password protect the document using password: send

To do this, while in the open document in Word go to File > Protect Document > Encrypt with Password > enter password: send > ok > re-enter password: send > ok. Then save the document and attach it to an e-mail.]