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**Parent/carer request for an education, health and care needs assessment (EHCNA)**

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

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| **Child or young person’s details** | | | | | |
| First Name: |  | | | | |
| Surname: |  | | | | |
| Additional names used: |  | | | | |
| Date of Birth: |  | | Sex: | Male/Female | |
| Preferred Pronouns: |  | | | | |
| NHS/NI number:  *(if known)* |  | | | | |
| Unique Pupil Number:  *(if known)* |  | | | | |
| Ethnicity: |  | | Religion: | |  |
| Language(s) spoken: |  | | Language interpretation support needed: | |  |
| Current school/setting or situation: |  | | | | |
| Current curriculum year: |  | Educated below chronological year group? | | | Yes / No |
| Address: |  | | | | |
| Email address: |  | | | | |
| Telephone number:: |  | | | | |

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| **Parents’ or carers’ details** | | |
|  | **Parent/Carer 1** | **Parent/Carer 2** |
| **Name of parents or carers** |  |  |
| **Does parent/carer have parental responsibility?** | Yes/No | Yes/No |
| **Relationship to the child/young person** |  |  |
| **Address:** |  |  |
| **Preferred contact method** |  |  |
| **Other contact details:** |  |  |
| **Home:** |  |  |
| **Work:** |  |  |
| **Mobile:** |  |  |
| **Email:** |  |  |

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| **Proof of Residency** | |
|  | **Please state which documents are attached** |
| Proof of residency must be attached  (eg council tax statement, rental agreement etc) |  |

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| **Social Care Details** | |
| **Is the child/young person receiving any support from Social Care?** (if so, please provide details, ie Child in Need, Child Protection etc) |  |
| **Name of social worker** |  |
| **Social worker contact details including email address and local authority** |  |

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| **Health Details** | |
| **GP name** |  |
| **GP address** |  |
| **Health visitor name (if child under 5)** |  |
| **Health visitor address** |  |
| **Does your child or young person have a Health Plan?**  **If yes, please attach** |  |
| **Does your child or young person have a diagnosis by a health professional?**  **If so, by whom?**  **Please provide any reports that you have** |  |
| **If yes, please provide details including what is the impact upon educational attainment** |  |
| **What services is your child/young person currently receiving from Health?** |  |

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| **Does your child/young person use any equipment to help with mobility, function, or general health?** | **Yes/No** |
| **If yes, please give details** |  |

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| **Is your child/young person under a health professional?** | **Yes/No** |
| **If yes, please give details of their name and the name of the hospital/clinic** |  |

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| **Does your child/young person take any regular medication?** | **Yes/No** |
| **If yes, please give details** |  |

**Educational Details**

**Identified SEN Needs**

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| **Do you know if the child/young person has got an SEN Support Plan?** | **Yes/No** |
| **If Yes, what date were they placed on the SEN Register?** |  |
| **Have you attended any SEN Support Review meetings, and if so, how many?** | **Yes/No**  **If yes how many?** |
| **When was the last SEN Support Review meeting held?** | **Date:** |

**Educational Attendance**

Previous early years or educational settings attended

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| **Name of early years setting or school** | **Dates attended** |
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Please provide details of any factors which impact on attendance e.g, medical appointments, proximity of early years setting or school, etc.

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**Strengths/Achievements and Difficulties**

Please give details of your child or young person’s needs and any detail why you feel an education, health and care needs assessment is necessary in relation to the following:

Please attach any relevant school or professional reports and continue on an additional sheet if necessary.

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| **Please give details of what you think are your child’s or young person’s strengths and difficulties. You may find it easier to express these in a list or as bullet points.** |

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| **What is your child/young person good at:** | **What is your child/young person not as good at:** |
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| **Do you have any worries or concerns regarding your child’s or young person’s progress?** |
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| **Can you tell us any areas your child or young person is not making educational progress?** |
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**SUPPORTING EVIDENCE FOR EHC NEEDS ASSESSMENT REQUESTS**

For each professional, service, agency already involved with the child give details. Please provide their latest report. *An example of these would be Educational Psychology, Speech and Language, CAMHS, Health Reports, Social Care reports etc.*

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| Professional, service, agency |  |
| Phone and email |  |
| Support provided |  |
| Period of involvement |  |
| Date of most recent contact |  |
| Report Attached: | Date: |

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| Professional, service, agency |  |
| Phone and emails |  |
| Support provided |  |
| Period of involvement |  |
| Date of most recent contact |  |
| Report Attached: | Date: |

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| --- | --- |
| Professional, service, agency |  |
| Phone and emails |  |
| Support provided |  |
| Period of involvement |  |
| Date of most recent contact |  |
| Report Attached: | Date: |

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| Professional, service, agency |  |
| Phone and emails |  |
| Support provided |  |
| Period of involvement |  |
| Date of most recent contact |  |
| Report Attached: | Date: |

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| Professional, service, agency |  |
| Phone and emails |  |
| Support provided |  |
| Period of involvement |  |
| Date of most recent contact |  |
| Report Attached: | Date: |

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| Professional, service, agency |  |
| Phone and emails |  |
| Support provided |  |
| Period of involvement |  |
| Date of most recent contact |  |
| Report Attached: | Date: |

**Education, Health and Care Needs Assessment – Parent/Carer/young person Consent Form**

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| **Name of Child/Young Person:** |
| **Early Years Setting/ School/ College Setting currently attending:** |

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| I am a resident of the London Borough of Merton | Yes/No |
| I agree that my request for an Education, Health and Care Needs Assessment for my child/young person can be shared with education, health and social care practitioners as appropriate and that existing information and advice that may support my request can be sought and shared. | Yes/No |
| I give consent for my child/young person to undergo an Education, Health and Care Needs Assessment of his/her special educational needs should the Local Authority decide that this is required. | Yes/No |
| If an EHC Needs Assessment is necessary, I agree that information and advice about my child can be sought, gathered and circulated both to those who have contributed advice and to other practitioners, where appropriate. | Yes/No |
| I give consent for my residency to be checked against council systems, i.e. council tax. (Please note that the Local Authority are unable to process the request for EHC needs assessment if you do not give consent for your residency to be checked against council systems). | Yes/No |

If the Local Authority does issue an Education, Health and Care Plan, the information collected will be shared in line with LA statutory duties and recorded with education, health and social care practitioners, your child’s or young person’s current and/or future educational setting. Further details on Merton’s data protection policies can be found at: <https://www.merton.gov.uk/council-and-local-democracy/data-protection-and-freedom-of-information/policies>

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| Name of Parent/Carer: |
| Full Address: |
| So that the SENDIS Service can process this EHC Needs Assessment request it collects personal and sensitive information (such as reports from professionals) about you or your child’s educational and health needs. This information will be kept secure and for a period in line with the local authority’s retention schedule. We will not use or share it without your consent except where, by law, we may be required to do so in order to prevent or detect a crime or harm to an individual or to comply with the local authority’s statutory duties e.g. delivery of provision in Section F of an EHCP. The link to London Borough of Merton’s Privacy Notice is [Children’s Services and Education privacy notice | Merton Council](https://www.merton.gov.uk/legal/privacy-and-cookies/childrens-services-and-education-privacy-notice)  For the purpose of confirming you live at the address you have given on this form we may check your details against our council tax, electoral roll or other information held by relevant council departments. You have the right to request a copy of or correction to the information we hold about you, if inaccurate. If you wish to contact the SEN service, you can do so by emailing [sen@merton.gov.uk](mailto:sen@merton.gov.uk) |
| **Signature of Parent/Carer:** |
| **Signature of Young Person (if aged over 16):** |
| Date: |

**ONCE COMPLETED PLEASE RETURN THIS CONSENT FORM WITH PROOF OF ADDRESS TO:** Special Educational Needs and Disabilities Integrated Service (SENDIS), Civic Centre, London Road, Morden, SM4 5DX **or preferably by secure email to** [senreferrals@merton.gov.uk](mailto:senreferrals@merton.gov.uk)

**For office use only**

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| Date Received: |  | Response due by: |  |
| Case Officer: |  | Panel Date: |  |