**Parental information for the request for Education, Health and Care needs assessment (if agreed)**

We will use the information on this form to decide whether an EHC needs assessment is appropriate for your child/young person. If the Local Authority decides to do the needs assessment, then the information you provide will be your **Parent’s Contribution** to the assessment. Please see attached guidance notes to help you complete the form.

**Child/Young persons details**

|  |  |
| --- | --- |
| Surname:  |  |
| First name: |  |
| Preferred name: |  |
| Date of birth: |  |
| Gender: |  |
| Religion: |  |
| Address: |  |
| Child/Young person ethnicity: |  |
| Child/Young person first language: |  |

**Parent/Carers details**

|  |  |
| --- | --- |
| Name: |  |
| Relationship to Child/Young Person: |  |
| Telephone number: |  |
| Email address: |  |
| Address if different from above: |  |
| Parent/carers first language: |  |
| Is an interpreter required: | Yes / No |
| translator of documents required: | Yes / No |
| Names of others with parental responsibility: |  |
| Relationship to child/ young person |  |
| Telephone: |  |
| Email: |  |
| Address if different from above: |  |
| Do you have any disabilities that require alternative forms of communication or access arrangements for meetings? If so, please give details. |  |

**Is there any Social Care involvement**

|  |  |
| --- | --- |
| Looked after child or young person  | Yes / No |
| If yes which Local Authority: |  |
| Social worker name: |  |
| Social worker telephone: |  |
| Social worker email: |  |
| Child Protection or Child in Need Plan in place? | Yes / No |

**Child’s/young person’s nursery/school/college details**

|  |  |
| --- | --- |
| Nursery/School/College name: |  |
| Year group: |  |
| Contact person: |  |
| Role: |  |

**Child’s/young person’s General Practitioner (GP) details**

|  |  |
| --- | --- |
| GP name: |  |
| Medical Practice: |  |
| Practice address: |  |

**Who already knows the child/young person and may be working with them?** For example, educational psychologist, paediatrician, speech and language therapist**.** Please continue on a separate sheet if necessary*.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Contact name and telephone /email** | **Details/ reason for involvement** | **Date of last involvement** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Please tell us your reason for applying for an Education, Health and Care needs assessment for your child/young person:**

|  |
| --- |
|  |

**Who have you discussed an Education, Health and Care needs assessment with?** (i.e. professionals in education, health or social care)

|  |
| --- |
|  |

**Is your child/young person currently on the Special Educational Needs and/or Disabilities Register?** (Please ask your child’s/young person’s teacher)

Yes / No

[The Special Educational Needs (SEN) booklet](https://www.gov.uk/government/publications/send-guide-for-parents-and-carers) is available electronically on the Government education website entitled **'Special educational needs and disabilities: A guide for parents and carers’.**

There is also further information on the [SEND Information Hub, Medway’s SEND Local Offer](https://www.medway.gov.uk/localoffer) and you can contact [Medway SEND Information and Advice Support Service](https://www.family-action.org.uk/what-we-do/children-families/send/medway-sendias/) (SENDIASS) on 01634 566303.

**Signatures and declaration**

I am requesting that the Local Authority undertakes an Education Health and Care Needs Assessment for my child/young person.

I understand that this will involve sharing of information about my child/young person between relevant professionals who may be asked for advice as part of the EHC needs assessment. I agree that the Local Authority may share my child’s/young person’s information with the relevant professionals and that these professionals may provide information to the Local Authority if requested to do so.

I agree to my **child/young person** being discussed at the Medway SEN Panel, which decides whether or not an Education, Health and Care needs assessment is appropriate.

If an Education, Health and Care Plan is issued following the needs assessment, I agree that the Plan and information/reports provided for the assessment will be shared with those who contributed to the assessment, and schools/educational placements with whom the Local Authority may consult.

**Parent/carers signature:**

**Date:**

**SEN Officer:**

Please return this form with electronic copies of any relevant professional reports to ena@medway.gov.uk not later than two weeks after the date you received it.

If returning the document electronically it should be password protected and the password sent in a separate email. Printed documents can be posted to Medway SEN, Medway Council, Gun Wharf, Dock Road, Chatham, Kent ME4 4TR

**My Child/Young Person**

**Our story: Parental Contribution to EHC needs assessment**

**Name of child/young Person:**

My child/young person’s early years until starting school

|  |
| --- |
|  |

What my child/young person is like at home

|  |
| --- |
|  |

How my child/young person interacts with others

|  |
| --- |
|  |

My child/young person’s strengths and what they are good at

|  |
| --- |
|  |

How my child/young person prefers to communicate

|  |
| --- |
|  |

What is important to my child/young person and what makes them happy

|  |
| --- |
|  |

What are your child/young person’s needs or difficulties and what do they need help with?

|  |
| --- |
|  |

**EDUCATION:**

What is working well with your child’s/young person’s learning at nursery/school/college and how is their educational progress?

|  |
| --- |
|  |

What difficulties is your child/young person having at nursery/school/college?

|  |
| --- |
|  |

What help or support is your child/young person currently receiving?

|  |
| --- |
|  |

What needs to change and how will that change make a difference to your child/young person?

|  |
| --- |
|  |

**HEALTH & WELLBEING:**

Tell us about any of your child or young person’s diagnoses and medication and what is working well/not working well regarding their health? What support are they receiving?

|  |
| --- |
|  |

**SOCIAL CARE:**

What is working well/not working well with regard to social care? What support is your child/young person receiving?

|  |
| --- |
|  |

**INDEPENDENCE:**

How independent is your child/young person?

|  |
| --- |
|  |

**FUTURE ASPIRATIONS:**

What are your aspirations for your child’s/young person’s future?

|  |
| --- |
|  |

**ADDITIONAL INFORMATION:**

Use this space to include any additional information about your child/young person

|  |
| --- |
|  |

**Completed by:**

|  |  |
| --- | --- |
| Name:  |  |
| Signature: |  |
| Date: |  |