****Request for Education, Health and Care Needs Assessment   
(young person/parent/carer form)

If your child is of school age, you should have a discussion with the headteacher/special educational needs coordinator (SENCO) about your child’s needs before returning this form.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION A: Child/young person details | | | | | | | | | | | | | | | | | |
| Surname: |  | | | | | | Forename: | | | |  | | | Preferred name: | |  | |
| Date of Birth: |  | | | | | | Gender: | | | |  | | | Preferred pronoun: | |  | |
| Address and Postcode: |  | | | | | | | | | | | | | | | | |
| Home Language/s: |  | | | | | | If an interpreter is needed, please specify which language: | | | | | | |  | | | |
| UPN (unique pupil number) if known: |  |  |  |  |  |  | |  |  |  | |  | NHS No. |  |  | |  |
| GP Name and Surgery: |  | | | | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| SECTION B: Educational setting details | | | |
| Current education setting (if relevant)  Name: |  | | |
| Address: |  | | |
| Telephone number: |  | | |
| SENCo name: |  | SENCo email: |  |
| Specialist unit: | YES  NO | | |
| Previous education setting (if relevant)  Name: |  | | |
| Address: |  | | |
| Telephone number: |  | | |
| Current year group: |  | Placed out of year? | YES  NO |

|  |  |
| --- | --- |
| SECTION C: Referrer’s details | |
| Who is making the request? | Child or young person: YES  NO |
| Please note that at 16 years of age a young person becomes legally responsible for their own education | Parent/carer: YES  NO |
| Other: YES  NO |
| If other, please give details: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If this request is for a young person in academic year 11 or above, please provide us with the following details: | | | | |
| Mobile number: |  | | Email: |  |
| How would you prefer to be contacted? | |  | | |
| Is there anything we need to know about contacting you (for example, do you need an interpreter)? | | | |  |

**OR**

|  |  |
| --- | --- |
| If you are completing the request for a child in academic year 10 or below, please complete: | |
| Your full name: |  |
| Relationship to child/young person: |  |
| Address: |  |
| Telephone: |  |
| Mobile: |  |
| Email: |  |
| How would you prefer to be contacted? |  |
| When is the best time? |  |
| Is there anything else we need to know about contacting you (for example, do you need an interpreter)? |  |
| We have a responsibility to include all persons with legal parental responsibility. Please complete these additional details below. | |
| Their full name: |  |
| Relationship to child/young person: |  |
| Address: |  |
| Telephone: |  |
| Mobile: |  |
| Email: |  |
| Is there anything else we need to know about contacting them (for example, do they need an interpreter)? |  |

|  |  |  |
| --- | --- | --- |
| **SECTION D: Professionals involvement** | | |
| If you or your child have had discussions with other professionals, please list their names below. If you wish to provide any up-to-date and relevant reports in support of your request for assessment, please ensure that these are sent to the email address at the end of this form without delay. | | |
|  | | |
| Team/service and name | Date of involvement | Report available |
| Advisory teacher: |  | YES  NO |
| Medical Specialist: |  | YES  NO |
| Allied Health Professional: (Speech and Language Therapist, Occupational Therapist, Physiotherapist) |  | YES  NO |
| Educational psychologist: |  | YES  NO |
| Social worker: |  | YES  NO |
| Other: |  | YES  NO |

| **SECTION E: Social Care Information** | |
| --- | --- |
| If there is an immediate need for support from Social Care, a request should be made to C-SPA at [Surrey County Council - Family information directory (surreycc.gov.uk)](https://familyinformationdirectory.surreycc.gov.uk/kb5/surrey/fsd/service.page?id=bicUUN93_U0) or on 0300 470 9100.  Details of Surrey’s Early Help offer can be found here [Helping families early - Surrey County Council (surreycc.gov.uk)](https://www.surreycc.gov.uk/children/support-and-advice/young-people-and-their-families/early-help)  Any practitioner, child, young person or family member can directly access the Family Information Service for information on Social Care services. This directory provides a detailed list of a variety of services that are available in the community by typing in a keyword search:  [Family Information Service - Surrey County Council (surreycc.gov.uk)](https://www.surreycc.gov.uk/children/support-and-advice/families) | |
| **Question** | **Answer** |
| Do you/your child/young person, or your family have any Social Care Needs?  See [Effective-family-resilience-SSCP-Dec-2020-v7.pdf (surreyscp.org.uk)](https://www.surreyscp.org.uk/wp-content/uploads/2021/04/Effective-family-resilience-SSCP-Dec-2020-v7.pdf) for information on Social Care Needs. | YES  NO  \*If YES, please give details. |
| Has there been any previous social work/or Children Services involvement with you, your child/young person, or your family in Surrey or elsewhere? | YES  NO  \*If YES, please give details, including approximate dates. |
| If any, what Children Services support do you, your child/young person, or your family have? |  |
| What support have you, your child/young person, or your family tried? |  |
| What agency/friend/family members have supported you, your child/young person, or your family? |  |

|  |
| --- |
| **SECTION F: Request details** |
| **Tell us your family story –** please include information about who is at home, family/siblings etc, strengths and any difficulties that might have been faced. (Consider the child’s home life, such as new baby or home, separation or bereavement, safeguarding concerns, trauma, previous care experiences etc). |
|  |
| **Please provide a brief history of you/your child’s needs and difficulties and their strengths, as well as any progress made:** please consider play, health, schooling, independence, friends and relationships, further education, future plans. |
|  |

|  |  |
| --- | --- |
| **What a good day and a bad day would like for you/your child** | |
| **Good Day** | **Bad Day** |

|  |
| --- |
| **What are the reasons you think that an Education, Health and Care Needs Assessment could be helpful?** |
| Please consider why you think an assessment of need might be helpful to you/your child and how it might help you/your child to become the person that you/they want to be. What is it that isn’t working for you/your child right now and how might having an assessment make this better for you/your child. |
|  |

**For young people in academic Year 11 or above, please help us to understand why you are making this request:**

|  |
| --- |
| **Young person’s views:** |
| 1. What is school like for you? Are there subjects that you are good at or ones you find harder? Maybe there are things you do or don’t like about school you would like to tell us about. |
|  |
| 1. What do you find is helpful in supporting you during the school day, and which bits are the most difficult? |
|  |
| 1. What would you like to be different about school – what would you change if you could? |
|  |
| 1. Do you have an idea of a job or career you would like to do in the future? If so, do you know what you need to do to be able to achieve that (maybe go to college, Uni or do an apprenticeship). If you know where you plan to go, let us know. |
|  |
| 1. If you know what next steps you are planning after school please give us an idea here of what this feels like. Are you excited? Maybe there are some things that might be a worry for you? If so, what might help? |
|  |
| 1. Tell us a bit about you. What are you good at? What things interest you? Maybe there is someone who inspires you or something you would really like to do. |
|  |
| 1. How do you think that an Education, Health and Care Plan might help you in terms of education and employment opportunities? Do you think it might help you in any other ways? Perhaps it would help you feel more confident or listened to. |
|  |

**Consent for request of Education, Health and Care Needs Assessment -** To be completed by the young person if aged 16 years or above, or the parent / carer for children under 16.

.

* + I would like you to consider carrying out a statutory assessment of my/my child’s special educational needs.
  + I understand that as part of this statutory process you will need to contact my/my child’s school/college/education provider, health services, social care or other professionals as necessary and that you do not need further consent to do this.
  + I understand that as part of this statutory assessment there is a need for relevant professionals to seek and to share information with other agencies regarding me/my child. This information sharing is necessary in order to carry out the EHC needs assessment. If an EHC plan is subsequently issued, the sharing will be needed for the duration of the plan.
  + The information will be shared securely with the appropriate professionals and will be limited to the information that is necessary in order to support the statutory process, as required by Section 4(2) of the Special Educational Needs and Disability Regulations 2014.
  + Additionally, I understand that there are other circumstances where it may be necessary for information to be shared without my consent. This would include sharing to protect a child from harm in accordance with Surrey Safeguarding Children’s Partnership Procedures, or because the sharing is required by a court order or other legal or statutory requirement. I have received a copy of the Children, Families, Lifelong Learning and Culture Privacy Notice.

Name of child/young person…………………………………………………………………………………

Date of birth……………………………………………………………………………………………………

Signed…………………………………………………………………………. Date ……………………….

Name ………………………………………………………………………………………………………….

Relationship to the child/young person ………………..…………………………………………………..

By signing this form, you are agreeing to the statutory assessment. This will require information to be shared with relevant professionals in order for Surrey County Council to carry out its public task in regard to duties under legislation including the Special Educational Needs and Disability Regulations 2014.

Information will be shared securely and only with those people who have a responsibility to keep children safe and well. In certain circumstances information may need to be shared for other purposes without your consent as explained above. We retain your information in line with our document retention schedules, after which time it is securely destroyed.

Privacy Statement

Surrey County Council is a registered Data Controller. This means the Council control how and why your personal information is processed. The Council will only process your personal information in accordance with the requirements of the applicable data protection legislation, including the GDPR and the Data Protection Act 2018.

For further information on how we use your personal data, please see our privacy notice at <https://www.surreycc.gov.uk/council-and-democracy/your-privacy/our-privacy-notices/children-families-lifelong-learning-and-culture>

To view more information about your privacy and rights, please visit the Council’s overarching privacy information at <https://www.surreycc.gov.uk/council-and-democracy/your-privacy/corporate-privacy-notice>

If you have any concerns or questions about how your personal information is handled please contact Surrey County Council's Data Protection Officer by emailing [DPO@surreycc.gov.uk](mailto:DPO@surreycc.gov.uk)

Alternatively, please contact our Information Governance team at [childinfogovernance@surreycc.gov.uk](mailto:childinfogovernance@surreycc.gov.uk)

For independent advice or to make a complaint you can contact the ICO at [www.ico.org.uk](http://www.ico.org.uk)

**Once completed and signed, please return this whole form to the Learners’ Single Point of Access (L-SPA) at:**[**learnerssupport.triage@surreycc.gov.uk**](mailto:learnerssupport.triage@surreycc.gov.uk)