# Learners Request for Assessment Document (Professional/Practitioner Use Only)

Please fill in this document as fully as possible. If you have any questions about this form, please contact the L-SPA – 0300 200 1015.

SEND Advice Surrey offer free, impartial and confidential information, advice and support about special educational needs and disabilities (SEND) for parents, carers, and for children and young people up to 25 years, visit their website for more information: [EHC needs assessment  – SEND Advice Surrey](https://sendadvicesurrey.org.uk/ehc-needs-assessment-2/), email SENDAdvice@surreycc.gov.uk or call 01737 737300 with your query.

## 1 Child or young person’s details

| **Question** | **Answer** |
| --- | --- |
| Surname |  |
| First Name |  |
| Date of Birth |  |
| NC Year |  |

## 2 Referrer’s details

| **Question** | **Answer** |
| --- | --- |
| Surname |  |
| First Name |  |
| Role |  |
| Referrer's Organisation Type |  |
| Referrer's Organisation |  |
| Email |  |
| Phone |  |

## 3 Background and reason for assessment request

| **Question** | **Answer** |
| --- | --- |
| What is the reason for the assessment request at this time?Summarise briefly why the child or young person’s needs necessitate/ require an EHC assessment |  |
| As part of the Surrey County Council strategy to ensure responsive and statutorily compliant Education Health and Care needs assessments (EHCNAs), virtual psychological assessments are now an integral part of the service offer. A virtual assessment is fully Code of Practice compliant, and a full range of evidence will be drawn on. If you feel that a virtual assessment would be inappropriate for this child please detail your reasons in the box below |  |

## 4.1 Child or young person’s views

| **Question** | **Answer** |
| --- | --- |
| What are the child or young person’s views on the request for assessment? |  |

## 4.2 Parent or carer’s views

| **Question** | **Answer** |
| --- | --- |
| What are the parent or carer’s views on the request for assessment?(Where parents are separated the views of all parties with parental responsibility should be sought) |  |

## 5 Health

| **Question** | **Answer** |
| --- | --- |
| Does the child or young person have any current or historic involvement with Health Services which would be relevant to this application?If yes, please identify which services have been involved. |   |
| GP Details:Please include full address including postcode |  |

## 6 Social care

**If there is an immediate need for support from Social Care a referral should be made direct to Surrey’s C-SPA: Contact Children's Services - Surrey County Council (surreycc.gov.uk)**

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/families)

Please ensure that the parent/carer/young person has/have consented to information being shared.

| **Question** | **Answer** |
| --- | --- |
| Does the Child/Young person/Family have any Social Care Needs? See [Children and families - Surrey County Council (surreycc.gov.uk)](https://www.surreycc.gov.uk/children) 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 the family, child/young person in Surrey or elsewhere?  | Yes\*/No \*If YES, please give details, including approximate dates. |
| If any, what Children Services support do the family/child/young person currently have?  |  |
| What support have the family tried for the Social Care Needs?  |  |
| What agency/friend/family members have supported the child/young person/families Social Care Needs?  |  |
| Has there been an Early Help Assessment?  | Yes\*/No\*If Yes please attach this and detail what early help support has already been offered and what the outcomes were. |
| What are the family/child/young person strengths and how can these be built on?  |  |

## 7 Involvements with professionals (last 6 months)

| **Role** | **Name** | **Phone** | **Email** | **Date of last involvement** | **Report enclosed?** |
| --- | --- | --- | --- | --- | --- |
| Social Worker |  |  |  |  |  |
| Educational Psychologist |  |  |  |  |  |
| Advisory teacher/ STIP |  |  |  |  |  |
| Paediatrician |  |  |  |  |  |
| Speech and Language Therapist |  |  |  |  |  |
| Occupational Therapist |  |  |  |  |  |
| Physiotherapist |  |  |  |  |  |
| Health visitor |  |  |  |  |  |
| CAMHS |  |  |  |  |  |
| Other |  |  |  |  |  |