**Education, Health and Care Needs Assessment Request**

**1. About this request**

If education settings are completing the request, they should complete as much as possible with the parent/carers and the young person. Parent/carers and young people are also able to complete the request form independently if they wish.

The Family Views form and Child/Young Person Views form should both be completed in full and sent in along with this request form.

If there is a Support Plan in place, please submit this along with the Request form, Child/Young Person Views form and the Family Views form.

For guidance on completing this EHC Needs Assessment Request form, please follow the links below .

|  |  |
| --- | --- |
| **Parent / Carer** | [Parent and carer EHCNA request information page](https://www.bristol.gov.uk/documents/2193095/4591234/Parents+and+carers+information+page+EHCNA+request.pdf/c5b02db2-9f88-a27b-76a3-dbcb56c65e44?t=1641812046638) |
|  | |
| **Young Person** | [Young person EHCNA request information page](https://www.bristol.gov.uk/documents/2193095/4591234/Young+person+information+page+EHCNA+request.pdf/e421e5a1-dc2e-b9d3-05e1-2ca4639e453e?t=1641812082209) |

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| **Education Setting** | [Schools and professionals EHCNA request information page](https://www.bristol.gov.uk/documents/2193095/4591234/Schools+and+professionals+information+page+EHCNA+request.pdf/88905f8b-9595-c77f-01d0-5a7a5dfd246c?t=1641812065671) |

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| **Health** | [Schools and professionals EHCNA request information page](https://www.bristol.gov.uk/documents/2193095/4591234/Schools+and+professionals+information+page+EHCNA+request.pdf/88905f8b-9595-c77f-01d0-5a7a5dfd246c?t=1641812065671) |

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| **Social Services** | [Schools and professionals EHCNA request information page](https://www.bristol.gov.uk/documents/2193095/4591234/Schools+and+professionals+information+page+EHCNA+request.pdf/88905f8b-9595-c77f-01d0-5a7a5dfd246c?t=1641812065671) |

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| **Who is making the request?**  *Please mark with an X* | **Parent/Carer** |  |
| **Young Person** |  |
| **Education Setting** |  |
| **Health Provider** |  |
| **Social Services** |  |
| **Other** |  |
| **Name of requestor** |  | |

**2. Details of Child/Young Person**

|  |  |
| --- | --- |
| **First name** |  |
| **Last name** |  |
| **Preferred name** |  |
| **Preferred pronoun**  e.g. They/She/He |  |
| **Date of birth** |  |
| **Address and postcode** |  |
| **Contact number**  (as applicable if over 16) |  |
| **E-mail**  (as applicable if over 16) |  |

|  |  |
| --- | --- |
| **Home language** |  |
| **Preferred way to communicate** | Talks, signs, pictures, email etc. |
| **Interpreter required?** | YES/NO |
| **British sign language used?** | YES/NO |

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| --- | --- |
| **Is the child/young person in care?** | YES/NO |
| **If yes, name of responsible Local Authority** |  |
| **Child in Care Legal Status if relevant**  e.g. Full Care Order, Interim Care Order, Section 20 or other |  |
| **Name and contact details of social worker if relevant** |  |
| **Is this child or young person being detained in relevant youth accommodation?** | YES/NO |
| **If yes, type of accommodation?**  e.g. Secure children’s homes, secure training centres, young offender’s institutions |  |

**3. Details of Parents/Carers or person with Parental Responsibility**

|  |  |
| --- | --- |
| **Parent/Carer 1** | |
| **First name** |  |
| **Last name** |  |
| **Relationship to child/young person** |  |
| **Address and postcode** | If different to the child or young person. |
| **Telephone number** |  |
| **E-mail address** |  |
| **Home language** |  |
| **Interpreter required?** | YES/NO |
| **Is support required to access information?** | YES/NO |
| **If yes, please provide details of the support required** |  |
| **Parent/Carer 2** | |
| **First name** |  |
| **Last name** |  |
| **Relationship to child/young person** |  |
| **Address and postcode** | If different to above. |
| **Telephone number** |  |
| **E-mail address** |  |
| **Home language** |  |
| **Interpreter required?** | YES/NO |
| **Is support required to access information?** | YES/NO |
| **If yes, please provide details of the support required** |  |

**4. Education Setting Details**

|  |  |
| --- | --- |
| **Name of early years setting/school/college/other** |  |
| **Start date of current setting – If Known** |  |
| **Current year group** |  |
| **Name and email address of SENDCO – If Known** |  |
| **If you work in an education setting, please complete:** | |
| **Name, role and email address of the person who will complete the EHC NA Contribution if there is a decision to assess** |  |
| **Is the child/young person receiving Element 3/Top Up Funding from the Local Authority?** |  |

**5. Reasons for Request**

In line with the Children’s and Families Act 2014, the local authority must secure an EHC needs assessment for the child or young person if:

*(a) the child or young person has or may have special educational needs, and*

*(b) it may be necessary for special educational provision to be made for the child or young person in accordance with an EHC plan****.***

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| --- |
| **Please provide background and reasons for requesting an EHC needs assessment:**  *Include information about difficulties and/or diagnosis, support strategies and provision currently in place and your views and reasons for the request* |
|  |

**6. Is anyone else working with the Child/Young Person?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Name** | **Contact Details** | **When did their involvement start and end?** |
| **Education Psychology (EP)** |  |  |  |
| **Bristol Autism Team (BAT)** |  |  |  |
| **EY Portage & Inclusion** |  |  |  |
| **Sensory Support (Visual, Hearing or Multiple Impairment)** |  |  |  |
| **HOPE Virtual School for Children in Care** |  |  |  |
| **Youth Offending Team (YOT)** |  |  |  |
| **Youth Support Group** |  |  |  |
| **Habilitation** |  |  |  |
| **Health – Occupational Therapy (OT)** |  |  |  |
| **Health – Physiotherapy** |  |  |  |
| **Health – Speech and Language Therapy (S&LT)** |  |  |  |
| **Health – Community Paediatrician** |  |  |  |
| **Health – CAMHS** |  |  |  |
| **Health – Other** |  |  |  |
| **Social Care – Children’s or Families in Focus** |  |  |  |
| **Social Care – Adult’s** |  |  |  |
| **Social Care – Occupational Therapy (OT)** |  |  |  |
| **Other** |  |  |  |

**7. Please highlight documents that you have included with this request**

|  |  |
| --- | --- |
| **Support Plan** | **YES/NO** |
| **Health Reports** | **YES/NO** |
| **Social Care Reports/PEP** | **YES/NO** |
| **Education Setting Reports** | **YES/NO** |
| **Individual Educational Plans** | **YES/NO** |
| **Child/Young Person Views Form (All About Me)** | **YES/NO** |
| **Family Views and Aspirations Form** | **YES/NO** |

These supporting documents will provide evidence of need and important assessment information.

**8. Parental/Young Person Consent**

Bristol City Council needs to share data and information as part of the assessment and planning process for an Education Health and Care Plan (EHCP) and, where an EHCP is made, to share it and supporting information with relevant agencies and professionals. We need the permission of the right person to do this, who is:

* the parent or legal guardian where the child is of statutory school age (under the age of 16)
* the young person where the young person is over statutory school age, (unless they lack capacity to do so as defined within the Mental Capacity Act 2005)

Bristol City Council has a safeguarding duty and can share information without your consent if it is needed:

* to find out if a child, young person or adult is at risk of harm
* if we need to help a child, young person or adult who is at risk of harm; or
* for the prevention or detection of crime.

Local authorities are allowed to share the EHCP without consent for the specified purposes as detailed in Chapter 9.211 & 9.212 of the SEN Code of Practice 2015. - Available at <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

**9. Consent Declaration for Parents/carers/young people**

By providing consent, you will be giving the local authority permission to share information about you / your child for the following purposes:

* To gather information and evidence to aid us to make a decision about whether to carry out an Education Health Care (EHC) needs assessment
* To share information as part of an EHC needs assessment
* To disclose the EHCP and any supporting information to agencies and individuals who are responsible for commissioning or delivering provision as set out in the EHCP including for the purposes of consulting with all future prospective educational settings
* To share information as part of an annual review of an EHCP.

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| **Parent/Carer Name (*Please Print)*** | **Signature** | **Date** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Young Person Name – 16 years old and above (*Please Print)*** | **Signature** | **Date** |
|  |  |  |

**10. Where to send the completed form**

When fully completed and signed, please send this form to [SEN@bristol.gov.uk](mailto:SEN@bristol.gov.uk)

The Education, Health and Care Needs Assessment request will then be logged.