**Parent Request for Education Health and Care (EHC) Needs Assessment.**

**PLEASE NOTE THERE IS FURTHER GUIDANCE ABOUT MAKING A REQUEST FOR AN EDUCATION, HEALTH AND CARE NEEDS ASSESSMENT AVAILABLE ON THE SEND LOCAL OFFER**. Please go to - sid.southampton.gov.uk

If an EHC Needs Assessment is initiated this form will constitute all or part of the parental advice and will be shared with other agencies as appropriate.

**Please complete as much of the form as you feel is relevant. Please note when this request is received we will also seek information from your child/young person’s setting to help us in reaching a decision. It is important, therefore, that you discuss this request with the setting prior to submitting it (if at all possible).**

**If you child is educated at home please also complete the Setting Referral Form** (also available on the SEND Local Offer- sid.southampton.gov.uk**.**)

**Where the young person for whom assessment is being requested is over 16 years old they must also sign this form and be as involved as possible in completing this request.**

**If you require assistance in completing this form the Southampton Information Support and Advice Service can be contacted on 023 8055 7607**

**DETAILS OF CHILD/YOUNG PERSON FOR WHOM ASSESSMENT IS BEING REQUESTED:**

|  |  |
| --- | --- |
| First Name: |  |
| Surname: |  |
| Previous names (if applicable): |  |
| Gender:  Male Female  (please circle) | |
| Date of birth: |  |
| Address (including postcode): |  |
| Name of all parent/carers with parental responsibility: |  |
| Parent/carer address and contact details (if different from above). *Please ensure a contact number and if possible an email address for parent/carer is included.* |  |
| Is child/young person currently looked after? If yes please include which authority. | Yes No  Local authority (where applicable): |
| Ethnic origin: |  |
| Child’s first language: |  |
| Parent’s first language: |  |
| Details of any special requirements which may be necessary to support communication with parent/carer (i.e. interpretation/signing). |  |

**School details:**

|  |  |
| --- | --- |
| School child/young person is currently attending: |  |
| Previous setting (where transfer has occurred in the last year): |  |
| School year group: |  |

**Personalised approach:**

|  |
| --- |
| **What are the views, wishes and feelings of the child/young person:**  **What are the views, wishes and feeling of the child/young person’s parent:**  **Why are you requesting consideration of an Education, Health and Care Needs Assessment now?** |

**SPECIAL EDUCATIONAL NEEDS AND STRENGTHS:**

In which areas is your child experiencing significant need and what strengths would you like to tell us about? You do not need to complete each section only those that are relevant:

|  |  |  |
| --- | --- | --- |
|  | Summary of difficulties | Summary of strengths |
| Communication/Interaction |  |  |
| Cognition/Learning |  |  |
| Social, Emotional and Mental Health |  |  |
| Sensory/Physical |  |  |

**DETAILS OF OTHER PROFESSIONALS WHO SUPPORT MY CHILD/YOUNG PERSON AND/OR FAMILY**

|  |
| --- |
| *Please provide any details of any professionals supporting your child/young person and/or family (including contact details if you have them).* |

**OTHER THINGS YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD/YOUNG PERSON AND FAMILY.**

|  |
| --- |
| *Please provide details of any other information you would like us know.*  *For example any history, diagnosis, medication, self-help skills, likes/dislikes, strengths/difficulties, aspirations, main areas of worry (if not covered above).* |

**Parent/Young Person Declaration for Request for Education, Health and Care Needs Assessment.**

**Privacy Notice:**

|  |
| --- |
| Southampton City Council is collecting this information in order to perform this service or function, and if further information is needed in order to do so, you may be contacted using the details provided. In performing this service, the Council may be required to share your information with other organisations or departments, but it will only do so when it is necessary in order for the service to be provided.  The Council may also share personal information for the purposes of the prevention, investigation, detection, or prosecution of criminal offences, but will not share personal information, or use it for this, or any other purpose, unless provided for by law. The information provided will be held on file and may also be stored electronically and will be used for the purpose of its involvement in giving support and advice in relation to the child/young person as specified above. |
| More detailed information about the Council’s handling of your personal data can be found in its privacy policy, available onli[ne (http://www.southampton.gov.uk/privacy](http://www.southampton.gov.uk/privacy)), or on request. |

**Privacy Declaration:**

***Please Tick***

* I understand that by completing this form, I am requesting that Southampton City Council consider undertaking an Education, Health and Care Needs Assessment for my child/young person.
* I understand that in performing this service Southampton City Council will see any relevant information from other professionals to help them in deciding whether it is necessary to carry out an Education, Health & Care Needs Assessment.
* If an Education, Health & Care Needs Assessment is approved, I understand that Southampton City Council will seek further professional advice and/or assessment to help them decide whether it is necessary to issue an Education, Health and Care Plan.

***All above boxes must be ticked for the application to proceed.***

**Parent/Carer/ Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Young person signature (where young person is over 16): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please send this form and all associated paperwork to:**

SEN Team

0-25 SEND Service

Ground Floor

North Block

Civic Centre

Southampton  
SO14 7LY.