EDUCATION, HEALTH AND CARE (EHC) NEEDS ASSESSMENT REQUEST

# INFORMATION FROM PARENT/CARER & CONSENT FORM

**Wherever possible, EHC Needs Assessment requests should be undertaken in partnership with your child, young person’s education setting and your child, young person if applicable. This should be done using the EHC Needs Assessment Request Guidance & Checklist document.**

Name: DOB:

Education Setting:

Ethnicity:

Religion:

Home Language:

**1.** Please tell us the names, addresses and contact details of the parents or carers of your child. If you share responsibility with someone else who lives at the same address, please write both names in box 1. If it is you alone, please write in your name.

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| **BOX 1**Name(s):  Mother [ ]  / Father [ ]  / Guardian [ ]  / Carer [ ]  (Please tick)Address:Telephone:Email Address: |

**2.** By law, we also have to know if anyone else has parental responsibility for your child. Please write their names and addresses and contact details in box 2.

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| **BOX 2**Name(s): Mother [ ]  / Father [ ]  / Guardian [ ]  / Carer [ ]  (Please tick)Address:Telephone:Email Address: |

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| **Please ensure that the Surgery Name and Postcode are provided**GP Name:GP Address: |

Your request for an EHC Needs Assessment will be considered by a group of professionals from Education, Health and Social Care, who will discuss whether your child meets the eligibility criteria to proceed with the EHC needs assessment, or whether your child’s needs can best be met in other ways.

In order for us to be able to make this decision, we will need some additional information from you about your child.

Your views are very important to us and should an assessment go ahead will help to inform your child’s plan. Please answer the following questions:

Please note that extra space to answer these questions can be found at the end of this form or you can send additional sheets of information if you wish.

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| 1. Please describe your child/young person’s Special Educational Needs (SEN) or disability

 Does your child have a formal diagnosis? If so, who by and when?1. Why do you think that an EHC Needs Assessment is necessary? How could it make a difference to your child and your family?
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| 1. Please identify your child’s strengths
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| 1. What difficulties does your child have in relation to?
 |
| Education |
| Health |
| Care |
| How have these difficulties impacted on your family life: |

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| --- |
| 1. Which school/college or nursery does your child attend (if applicable)?

**5a.** What meetings/discussions have taken place with the setting to discuss and review how they are meeting your Child/Young person’s needs currently?**6.** If your child is currently in year 10 or above in school:Are they aware of this request? Yes [ ]  No [ ] What are their aspirations for adulthood?What plans are currently in place for post-16? |

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| **7.** Which other services are working with your child? Please give names and contact details if you have them: |
| **Education**Contact Name: Telephone:Postal Address: Email: |
| **Health**Contact Name: Telephone:Postal Address: Email: |
| **Social Care**Contact Name: Telephone:Postal Address: Email: |

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| --- |
| **Other**Contact Name: Telephone:Postal Address: Email: |

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| **8.** Is an Early Help Assessment Framework (EHAF) in place for your child? Yes [ ]  No [ ] If yes, who is the lead professional? |
|  |
| **9.** Does the child/young person have a Wiki in place? Yes [ ]  No [ ]  |

**Thank you for providing this information.**

Please be aware that in order to decide whether an EHC Needs Assessment is necessary for your child, we will need to request relevant information from the professionals and agencies already working with your child. We will need your consent to do this. Please complete, sign and return the Consent Form.

Please let us know how you prefer us to communicate with you:

Email [ ]  E-mail address:

Telephone [ ]  Tel. No: Mobile:

Letter [ ]

**If you want some help in filling in this form, your Child/Young Person’s education setting should be able to help you, or alternatively you can contact**

**Ask Us Nottinghamshire on 0115 8041740**

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| --- | --- |
| **Name:** |  |
| **Signed:** |  |
| **Date:** |  |
| **Name:** |  |
| **Signed:** |  |
| **Date:** |  |

**EDUCATION HEALTH CARE (EHC) NEEDS ASSESSMENT PATHWAY CONSENT TO REQUEST AND SHARE INFORMATION**

This form asks for your consent to request relevant information from and share relevant information with professionals and partner agencies in Education, Health, Social Care and Voluntary organisations in order to submit a request for an EHC Needs Assessment. This information will be used to inform the decision making processes linked to the EHC Needs Assessment Pathway.

**Please note if the young person is 16 or older they should sign the consent form themselves if they have the capacity to do so.**

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| --- | --- | --- | --- |
| Child/Young Person’s Name: |  | Date of Birth: |  |
| Child /Young Person’s Address: |  |
| Child /Young Person’s NHS Number: |  |
| Name of Person/s with Parental Responsibility: |  |
| Parent/Carer Address (if different):  |  |

1. I/We giveconsent for Nottinghamshire County Council to request from and share relevant information with Partner Agencies for the purpose of decision making, assessment and review of my/my child’s needs in relation to Education, Health and Social Care. I/we consent to information being requested and shared with:

|  |  |  |
| --- | --- | --- |
| **Agency and named contact** | **Professional****Involved****Y/N** | **Consent GivenY/N** |
| Education Services (including School, Nursery, Day Care setting, Educational Psychologist, School and Families Specialist Services) |  |  |
| GP for child / young person |  |  |
| Health Visitor / School Nurse |  |  |
| Community Learning Disability Team/District Nurse |  |  |
| CAMHS |  |  |
| Physiotherapist / Occupational Therapist / Speech and Language Therapist / Dietician / Other Therapist |  |  |
| Community and/or Hospital Paediatrician |  |  |
| Other Specialist Medical Staff |  |  |
| Social Care (including Social Work, Short Breaks, Early Help Unit) |  |  |
| Ask Us Nottinghamshire (SENDIASS) |  |  |
| Other named Agencies or Individuals |  |  |

**2**.i) I agree to this referral for an EHC Needs Assessment being made and to the sharing of relevant information between any of the agencies referred to above for the EHC decision making process. This may include information, reports and assessments from Education, Health and Social Care professionals.

ii) I agree to the sharing of relevant information between agencies referred to above for the purpose of the EHC decision making process **except:** \_\_\_\_\_

iii) I agree that the information provided will be recorded electronically on the Nottinghamshire County Council’s database and may be used by agencies as part of the planning process should an EHC Assessment be agreed.

**3)** Signatures/Endorsements (please tick as appropriate):

i) I have Parental Responsibility. My child is under 16 and unable to make an informed decision about consent to sharing personal information. [ ]

ii) I am the young person named above and am over 16. I give my consent to share relevant information. [ ]

iii) I am acting in the ‘Best Interests’ of the young person in accordance with the requirements of the Mental Capacity Act to give formal consent to share relevant information. [ ]

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| --- | --- | --- | --- |
| Signed (On behalf of Child/Young Person): |  | Name: |  |
| Relationship to Child/Young Person: |  | Date: |  |

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| --- | --- | --- | --- |
| Signed (On behalf of Child/Young Person): |  | Name: |  |
| Relationship to Child/Young Person: |  | Date: |  |

\*Additional signature box provided for where Parental Responsibility or Best Interests is shared:

|  |  |  |
| --- | --- | --- |
| **Signed (Young Person):** (if over 16) | **Name (Young Person):** | **Date:** |

**Please return all completed paperwork in the freepost envelope provided**

Duty Officer, ICDS Assessment Team, Meadow House, Littleworth, Mansfield, Nottinghamshire, NG18 2TB

**Or e-mail to:**  **ICDS.duty@nottscc.gov.uk**

You may also attach information from professionals and other people working with your child if you wish. Please write any additional information you wish to add on a separate sheet if necessary.

**Please note the EHCP and/or EHCP Annual Review paperwork is used for sharing information re. children, young people’s needs, their identified outcomes & provision when consulting for education provision**