

**Education Health and Care Needs Assessment**

**Parental Request Form**

**Request for an Education, Health and Care Plan (EHCP)**(Revised March 2024)

Childrens Social Care and Lifelong Learning

Education, Schools and Inclusion, SEND Team

***This document is a formal request for a statutory education, health, care (EHC) needs assessment for the child / young person as outlined below.***

Please Tick:

[ ]  *This has been written by the Parent / Guardian.*

[ ]  *This has been written on the behalf of the parent with their permission and consent gained.*

[ ]  *The* ***consent*** *form has been completed and returned with this request*

***Note:*** *The rights of the carer or guardian may differ should the child be in Care e.g., in a foster placement, in the care of the authority etc. Consent will be requested from the appropriate person or authority.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of child:** |  | **Date of birth** | Click here to enter a date. |
| **Gender****Gender at birth (if different)** |  | **Preferred Pronoun** |  |
| **Child’s first language** |  | **Ethnicity** |  |
| **Parent Carer / Guardian Names:** | **1)** | **2)** |
| **Does this person have parental responsibility (PR)? (Please tick):** | [ ]  | [ ]  |
| **Address and contact details**  | **Address:**  | **Mob phone:****Email:**  |
| **If those detailed above do not have PR, who does? Please provide details:** | **Name:****Relationship to child:**  | **Mob phone:****Email:**  |
| **Your child’s educational needs:** | **Please provide a brief description of your child’s educational needs:****Does your child have a specific diagnosis?** [ ]  If yes, please provide details: |
| **Does your child attend an education setting? (including nursery and pre-school)** | **If yes, please provide details:****Name of setting:****Address:****Contact number:** |  |
|  |  |
| **Is the school your child attends aware of this request for a needs assessment?** | **Yes No** **If yes has there been a meeting in school/ setting?**  |
| **Does the school support this request?**  | **Yes No** |
| **Please outline your reasons for requesting the EHCP needs assessment.**  |  |
| **Please list any health services that you are aware your child is known to:** **EG CAMHS,****Physiotherapy,****Speech and Language Therapy** |  |
|  |
| **Has an Early Help assessment ever been completed?** **Is an Early Help plan in place?** (please tick) [ ]  | **If yes, please provide brief details:** |
| **Does your child currently receive any involvement from Social Care?****(please tick)** [ ]  | **If yes, provide name and contact details of your child’s current social worker:** |
| **Any additional information which you think may be useful:** |  |
| **Completed with the support of****(If applicable)** | **Name:Relationship to Parent/Carer:**  |
| **Parent Signature:** |  | **Date:** Click here to enter a date. |

 **If you need assistance or support with completing this application, please contact SENDIASS (Special Educational Needs and Disability Information Advice and Support Service)**

**Contact number: 0191 478 4667
Email:****daiss@barnardos.org.uk**

\*Please provide details for **all** adults with parental responsibility. This will normally be both birth parents. Where a parent no longer has parental responsibility to make decisions in respect of their child’s education, health or care please provide details of any court order or care order. Where you do not have contact information please indicate this

Once completed please return with the consent form to the SEN team**SENTeam@Gateshead.Gov.Uk**

Please note, following this application we will contact your child’s school / setting to request information regarding the support provided within the school / setting.

We would expect schools / settings to have engaged external professionals (such as SENIT and the Educational Psychologist) for advice in providing support, and that time has been given to implement this advice.