**Parent Carer or Young Person (over 16)**

**Request for an EHC Needs Assessment**

In order for us to make a decision about whether to conduct a statutory Education, Health & Care Needs Assessment, we need to gather some information about the child or young person’s needs and progress in their learning.

An EHC Needs Assessment can be requested by a school or setting, by a parent or carer, or by a young person aged 16 or older. In any request, the Local Authority will need evidence to show that:

* the child or young person’s needs are exceptional,
* that the school or setting has put in place relevant support that has a good evidence base from their own assessments, intervention and evaluation.
* that the cost of the extra support is more than what is ordinarily available in that school or setting

Please complete the information below fully and attach any supporting documentation with your request. Please speak to your / your child’s SENCo / setting’s SEND Coordinator, first before completing this form. You can ask for support to complete this form from Birmingham’s SENDIASS Service: [www.birminghamsendiass.co.uk](http://www.birminghamsendiass.co.uk)

Where this form refers to ‘you’, this refers to a young person aged 16 or over making this request.

If you are receiving support from a professional to complete this document, please ask them to capture your exact words, and not paraphrase.

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| **Child / Young Person’s Details** | | | |
| Forename/s |  | Surname |  |
| Preferred name |  | Date of Birth |  |
| Gender |  | Preferred Language |  |
| Ethnicity |  | Religion |  |
| Home Address |  | Current School / Setting Name and Address |  |
| Young person’s email: |  | | |

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| **Parent Carer Details** | | | |
| **Name** |  | | |
| Relationship to Child |  | Has parental responsibility? |  |
| Home Address |  | Telephone |  |
| Email |  | Preferred Language |  |
| Preferred method of communication (you can tick more than one) | Email  Telephone | | |
| **Name** |  | | |
| Relationship to Child |  | Has parental responsibility? |  |
| Home Address |  | Telephone |  |
| Email |  | Preferred Language |  |
| Preferred method of communication (you can tick more than one) | Email  Telephone | | |

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| **Child in Care (if applicable)** | | | |
| Is your child a looked after child / a child in care? | YES | NO | If NO, please proceed to the next question.  If YES, please complete the questions below |
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| To which Local Authority |  | | |
| Social Worker name |  | | |
| Social Worker contact telephone number |  | | |
| Social Worker email address |  | | |

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| **Your / Your Child’s Strengths & Needs** | |
| What are they good at? |  |
| What do they find difficult? |  |
| How do they communicate? Is there any support they need to communicate? |  |
| Do they have any health needs / diagnoses? Do they impact on their education? |  |
| Do their difficulties impact on your family at home? If so, how? |  |
| When did you first notice that they were having difficulties? |  |

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| **Your / Your Child’s Education** | |
| What support do they receive in their education setting? |  |
| What things have worked well? |  |
| What things haven’t worked well? |  |
| What support do you feel they need? |  |
| How do they need to be supported to be heard, understood, and stay safe and well? |  |

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| **Aspirations** | |
| What would you like to see yourself / your child achieve in the short-term (next 12 months)? |  |
| What would you like to see yourself / your child achieve as they move to adulthood?  This may include what you’d like them to do or be in the future including learning and employment, independent living, friendships and community, and keeping safe and healthy. |  |

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| **Is there anything else you wish to tell us?**  ***Please outline any relevant background information about you / your child*** |
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| **What professionals are currently involved in supporting you / your child?** | | | | |
| **Name** | **Role** | **Service** | **Date Last Seen** | **Contact Details** |
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| **CONSENT** |
| By signing this form you agree that Birmingham City Council (BCC) can assess the needs of you / your child and confirm that you understand that the confidential information about you / your child that is required for, or generated by, this Education, Health and Care Plan (EHCP) assessment will be shared, in accordance with BCC’s Information Sharing Protocols, with professionals or organisations that:   * Are already involved with you / your child. * You have asked to become involved with their case; or * BCC considers necessary, in order: * to assess you / your child’s educational, health or care needs; and * to prepare any relevant documents, including an EHCP, if required.   BCC will endeavour to inform you if another professional or organisation, not already involved, is asked to meet with or work directly with you / your child for the purposes of an EHCP assessment and the paper and electronic records used during, or created for, this assessment will be kept safe and destroyed in accordance with BCC’s policies. Please note that you are entitled to request a copy of the information that BCC holds about you or your child; for more information, contact BCC’s Information Governance Team at:  Performance and Information (WS)  PO Box 16366, Birmingham, B2 2YY              Tel: 0121 303 4876 or email: [foi\_mailbox@birmingham.gov.uk](mailto:foi_mailbox@birmingham.gov.uk)  By signing this form, I give explicit consent for Birmingham City Council (BCC) to communicate with me regarding all aspects of this assessment by secure email. |

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| **Completed by** | |
| Signed |  |
| Full Name (please print) |  |
| Date |  |
| Relationship to child  (if applicable) | Parent Carer/Social Worker/Other (please state): |
| Please complete this form and submit it **within 15 days** via email to [senar@birmingham.gov.uk](mailto:senar@birmingham.gov.uk) or via post to SEN Assessment & Review, PO Box 16289, Birmingham B2 2XN  *The data and contact details you provide above may be used by Birmingham Local Authority representatives to contact you in relation to any / all aspects of the Education, Health and Care Assessment and / Plan for the child / young person named on page 1.* | |