

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

**Professionals Information Contribution Form**

This form is used by professionals to request or contribute information towards an Education, Health and Care Needs Assessment request.

**Professionals request for an assessment**: Please complete this form to request an Education, Health and Social Needs Assessment for a child/young person.

**Professionals information contribution to an assessment request**: we have received a request for an Education, Health and Care Needs Assessment Request for the child / young person indicated below. It is our understanding that the child / young person attends your setting. Please provide the following information within 15 days.

LA, Health and Social Care partners: please complete from Page 4 onwards

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| **Child / Young Person’s Details** |
| Name |  |
| Preferred Name |  |
| Date of Birth |  | Gender |  |
| Home Address |  |
| Postcode |  |
| Telephone |  | Email |  |
| Preferred Language  |  | Ethnicity |  |
| Religion |  | ECLIPSE ID Number |  |
| Impulse Number |  | NHS Number |  |
| Social Care status | Early Help |  | Status if CIC | Not applicable |  |
| Child in Need |  | Section 20 |  |
| Child Protection |  | Interim care order |  |
| CIC |  | Full care order |  |

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| **Parent / Carer Details** |
| **Name** |  |
| Relationship to Child |   | Has parental responsibility? |  |
| Home Address |  |
| Postcode |  |
| Telephone |  | Email |  |
| **Name** |  |
| Relationship to Child |  | Has parental responsibility? |  |
| Home Address |  |
| Postcode |  |
| Telephone |  | Email |  |

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| **Social Worker Details (for CIC)** |
| Name |  |
| Designation |  | Local Authority |  |
| Address |  |
| Postcode |  |
| Telephone |  | Email |  |

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| **CONSENT** |
| By signing this form you agree that Birmingham City Council (BCC) can assess the needs of your child and confirm that you understand that the confidential information about 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 your child or young person;
* You have asked to become involved with their case; or
* BCC considers necessary, in order:
* to assess your child or young person’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 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.ukBy signing this form I give explicit consent for Birmingham City Council (BCC) to communicate with me regarding all aspect of this assessment by secure email. |

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| **Completed by** |
| Signed |  |
| Full Name (please print) |  |
| Date |  |
| Relationship to child | Parent/Foster Carer/Social Worker/Other (please state): |
| *The data and contact details you can 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 Plan for the pupil named on page 1.*  |

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| **Please list the professionals involved with the child / young person** |
| **Name** | **Role / Title** | **Agency** | **Contact details** |
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| **Has a team around the child meeting been held prior to this request?** | **Yes** | **No** | **If yes, date held** |
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Please outline the child / young person’s current setting / school and all previous settings attended

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| --- | --- | --- | --- |
| **Name of setting** | **Type of setting** | **From** | **Until** |
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Please summarise the child / young person’s attendance over the past 12 months (please also provide copy of attendance report for past 12 months)

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| **Is the child / young person attending full time or part time?** |  | **What is the child / young person’s % attendance in past 12 months?** |  |
| **Please summarise reasons for any attendance issues** |  |

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| **Has a EHC needs assessment been requested previously? If so please provide date(s)** |  |

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| **Please summarise relevant, recent history relating to the child/young person’s and the reason for this EHC needs assessment request** |
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| **Please outline child / young person’s special educational needs and how they impact them**  |
| **Communication and Interaction** |  |
| **Cognition and Learning** |  |
| **Social, Emotional and Mental Health** |  |
| **Physical and Sensory** |  |

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| **Please indicate the child / young person’s primary area of need**  |
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Please indicate (by ticking the relevant box) the child / young person’s developmental / attainment levels in the following areas

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| --- | --- | --- | --- |
|  | **Below expected range** | **Within expected range** | **Above expected range** |
| **Communication and Interaction** |  |  |  |
| **Cognition and Learning** |  |  |  |
| **Social, Emotional and Mental Health** |  |  |  |
| **Physical and Sensory** |  |  |  |

Please indicate (by ticking the box) if the child is making progress in the following areas

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| --- | --- | --- | --- | --- |
|  | **No progress** | **Slow progress** | **Reasonable Progress** | **Good progress** |
| **Communication and Interaction** |  |  |  |  |
| **Cognition and Learning** |  |  |  |  |
| **Social, Emotional and Mental Health** |  |  |  |  |
| **Physical and Sensory** |  |  |  |  |

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| **Health needs that relate to the child / young person’s SEN**  |
| **Health need / diagnosis** | **How this impacts learning** |
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| **Social care needs that relate to the child / young person’s SEN**  |
| **Need** | **How this impacts learning** |
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Please outline the action (graduated response) that has been taken to meet the child / young person’s special educational needs and the impact this has had.

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| **Action Taken / Provision (including dates)** | **Impact** |
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| **For requests: the information that is listed below MUST be submitted with this application (please provide as separate attachments if necessary)** |
| **Information / report** | **Date**  |
| Child / young person’s views |  |
| Parent views |  |
| Attendance record |  |
| Evidence of graduated response |  |
| Parent/ young person consent section above is signed |  |

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| **For requests and contributions: please provide the information below if it is relevant to this application. Indicate the information that has been submitted with this request (please provide as separate attachments)** |
| **Information / report** | **Mark with an x if submitted** | **Date of report** |
| Report / information from Advisory Teacher |  |  |
| Report / information from Educational Psychologist |  |  |
| Report / information report from Health |  |  |
| Report / information report from Social Care |  |  |
| Diagnostic report |  |  |
| Paediatric report |  |  |
| Therapy report |  |  |
| Early Years Development Profile |  |  |
| Health Visitor reports |  |  |
| Assessment Profile for last 12 months |  |  |
| Copy of current support plan |  |  |
| One page profile |  |  |
| Other (please specify): |  |  |

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| **Additional information** |
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| **Completed by:** |
| Name |  | Title |  |
| Service / Agency |  | Address |  |
| Email Address |  | Telephone  |  |
| Signature |  | Date  |  |

Please return this form and other available information to SENAR@birmingham.gov.uk