

Parental Request for Education, Health & Care Needs Assessment



| Details of child/young person: | | | |
|---|-----|---|-----|
| Family Name | | First name (s) | |
| DOB | | Ethnicity | |
| Religion | | Gender | |
| Address | | | |
| Postcode | | Service Child | Y N |
| Home Tel. No | | Mobile No | |
| Email address | | NHS number | |
| First Language | | Interpreter Required? | Y N |
| Did this child have a statement/EHCP in the past? | Y N | If yes, which local authority? | |
| Details of Parents / Carers | | | |
| Full Name | | Relationship to the child | |
| DOB | | Address (if different from child's address) | |
| Contact details | | Ethnicity | |
| Gender | | Religion | |
| First Language | | Interpreter Required? | Y N |
| | | | |
| Full Name | | Relationship to the child | |

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|---|---------------------------|--|------------------------|-------------------------------------|
| DOB | | Address (if different from child's address) | | |
| Contact details | | Ethnicity | | |
| Gender | | Religion | | |
| First Language | | Interpreter Required? | Y N | |
| Details of Current Educational Provision | | | | |
| School / Setting | | Date of Admission | | |
| Unique Pupil Number | | Current Year Group | | |
| Other Schools/setting attended | | | | |
| School Name | | From | To | |
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| Professional Involvement | | | | |
| Agency | Currently Involved | Name of professional | Contact Details | Report provided and attached |
| GP | Y N | | | |
| Educational Psychologist | Y N | | | |
| Inclusion Officer | Y N | | | |
| VI (Visual Impairment) Service | Y N | | | |
| HI (Hearing Impairment) Service | Y N | | | |
| Community Paediatrician | Y N | | | |
| CAMHS | Y N | | | |
| Adult Psychiatrist | Y N | | | |
| Speech & Language Therapist | Y N | | | |
| School Nurse | Y N | | | |

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|---------------------------------|---|---|--|--|--|
| Health Visitor | Y | N | | | |
| Social Care / Early Help | Y | N | | | |
| Other (Please specify) | Y | N | | | |

Your request for an EHC assessment will be considered by a group of professionals from Education, Health and Social Care, who will discuss whether to go ahead with the an 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. Please answer the following questions:

Please note that if you need extra space to answer these questions you can send additional sheets of information if you wish.

1. What are your long term aspirations for your child?

2. What are your child's strengths?

3. Please describe what a good day and a bad day would look for your child

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| 4. What are your concerns about your child's education and progress? |
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| Education: |
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| Health: |
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| Social Skills: |
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5. How do you think an Education, Health and Care assessment and potential plan would help your child to reach their aspirations?

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| Signature | |
| Name | |
| Date: | |

Return completed form, professional reports' (if applicable) and signed consent to:

SEND, Rutland County Council, Catmose, Oakham, LE15 6HP or email to earlyhelp@rutland.gov.uk