

REQUEST FOR EDUCATION, HEALTH AND CARE (EHC) NEEDS ASSESSMENT

Return completed forms and attachments marked Private and Confidential:

For children **Year 10 and below** to:

SEN Case Worker

SEN Assessment, Provision and Review Service, Newcastle City Council, Library Block, Westgate Community College, West Road, Newcastle upon Tyne, NE4 9LU

or

EHCP@newcastle.gov.uk

Please password protect any documents that you send electronically and inform of the password once you have sent it (this can be in a separate email). Please also send referral packs as one document/file only. This means that you may need to scan separate documents together (e.g. the referral and additional reports).

For young people from **Year 11 onwards** to:

Connexions Advisor

Newcastle Connexions, Newcastle City Council, Library Block, Westgate Community College, West Road, Newcastle upon Tyne, NE4 9LU

Note:

Parents/carers/young person/family members completing this form should provide as much information as possible.

Professionals completing this form must complete **all** sections and provide **all** of the documentation and evidence listed in Section 8. Applications cannot proceed if any information is missing, or if there is insufficient detail in the documentation and evidence provided.

SECTION 1: Child / Young Persons Personal Details

Family Name		Forenames	
Date of Birth		NCY	
Gender		Home Language	
Home Address			
Postcode		Telephone No	
Ethnicity		Religion	
Educational / Learning Setting		Date of Admission	
Legal Status (if relevant)			
For young people over 16			
Do they have mental capacity in relation to EHCP decision making	Yes	No	
If no, who is acting as the young person's representative?			
If yes, does the young person want their parent/carer to support them in the EHCP decision making process	Yes	No	

SECTION 2: Child / Young Person's Parent / Principle Carer(s) Details

Name		Name	
Address (if different from above)		Address (if different from above)	
Postcode		Postcode	
Telephone Number		Telephone Number	
Email		Email	
Other household members (Name and DOBs)		Other household members (Name and DOBs)	

SECTION 3: Referrer Details

Person completing this form:	Parent / Carer <input type="checkbox"/>	Young Person <input type="checkbox"/>	Setting <input type="checkbox"/>	Other <input type="checkbox"/>
Name				
Address				
Relationship to Child / Young Person				
Telephone / Email Address				
Signature				
Date				

**SECTION 4: Evidence of Multi-Agency Working including Early Help, if applicable
(Please list below any known professionals who have recently been involved with the child/young person)**

Date of Multi Agency Review meeting	
Name & Title of Worker(s) from Education	
Name & Title of Worker(s) from Health	
Name & Title of Worker(s) from Social Care	
Early Help Registration Number (if known)	
Name of Lead Professional and/or Key Worker	

SECTION 5: Evidence of Education, Health and Care Needs
(Please provide a brief description of the child/young person's needs below)

Background information and identification of needs

Impact of need on cognition and learnings

Impact of need on communication and interaction

Impact of need on social, emotional and mental health development

Impact of need on sensory and physical development

Impact of need on self-help and independence skills

Any other relevant health needs

Any other relevant social care needs

Detail action that has already been taken to support the child/young person including involvement and impact of outside agencies

SECTION 6: Child / Young Person's Views

Has the child / young person completed this form themselves?	<input type="checkbox"/>
Has an advocate worked with the child / young person to complete the form?	<input type="checkbox"/>
Has another adult completed this form on behalf of the child / young person?	<input type="checkbox"/>
Name of person supporting the child / young person to complete this form (if applicable)?	
Signature of person who has completed this form	
Date	

What do you enjoy about learning and could anything help you to enjoy this more?	
What do you enjoy doing at home? (include any social activities you take part in)	
Do you have any health issues that affect your life?	
Would you describe yourself as a happy person? Is there anything that could help you feel happier?	
What do you hope to do in the future?	

SECTION 7: Summary of Parent(s) / Carer(s) Views

Name of parent/carers who has completed this form	
Signature	
Date	
Looking back please tell us your family's experience in relation to your child's SEN	
Why do you think your child may need additional help?	
If your child attends some form of education, do you think they enjoy it and do you think they are achieving / making good progress? What do you think may help him/her to enjoy it more?	
What does your child enjoy doing at home? Is he/she involved in any social activities in your local community?	
Does your child have any health issues? If so, how does this make a difference either in or out of an education setting?	
How would you describe your child's character?	
What do you hope your child will do in the future? What would help to make this happen?	
Is there anything else you would like us to know?	

SECTION 8: Information Sharing

In line with the SEND Code of Practice the Local Authority **must** notify and gather information from relevant professionals about the education, health and care needs of the child / young person named above. This will include gathering and sharing of information with:

- Health services
- Social care services
- Educational and training providers
- Educational Psychologists
- Other professionals involved with the child or young person.

By signing this referral form you agree to this sharing of information

Name	
Signature	
Role	
Date	

SECTION 9: Documentation and evidence to support a request for an EHC needs assessment

The following additional evidence of planning **MUST** be included in your application. This should include any additional reports that are available from any agency involved with the child or young person. Please tick to indicate that it is attached.

The child/young person's academic attainment and rate of progress. Including details of actions that have already been taken to support the child/young person over and above that which are usually provided, and their impact.	<input type="checkbox"/>
Recent information from education services	<input type="checkbox"/>
Recent information from any health services	<input type="checkbox"/>
Recent information from social care	<input type="checkbox"/>
Early Help Review	<input type="checkbox"/>
Arrangements for a young person over 14 to prepare for adulthood (if applicable)	<input type="checkbox"/>