**Newcastle City Council**

**Request form for:**

**Education Health and Care Needs Assessment for Children and Young People aged 0-25**

**SEND Professional Portal**

From April 2023 all requests for EHC needs assessments from professionals must be made through SEND Professional Portal. Information about the portal and how to register and make requests are on our local offer webpage: [**SEND Portal | Newcastle Support Directory**](https://www.newcastlesupportdirectory.org.uk/send-portal)

 You can access the portal here: [**https://www.newcastlelea.org/ProfessionalPortal\_LIVE**](https://www.newcastlelea.org/ProfessionalPortal_LIVE)

**Once the Word form is complete please go to the Request tab in the Portal and select the option titled “Form to Upload Completed Request for: EHC Needs Assessment for CYP aged 0-25.” from there you can upload and submit this completed Word form and also upload all the supporting documentation too.**

This form has been produced so professionals and parents/carers can quickly see the information that should be included in an assessment request.

There is lots of support available without the need for an EHCP, and if you need any more help contact your caseworker or email [**EHCP@newcastle.gov.uk**](mailto:EHCP@newcastle.gov.uk)who will point you in the right direction**.**

|  |  |
| --- | --- |
| **SECTION 1: Child / Young Persons Personal Details** | |
| **Family Name** |  | |
| **Forenames** |  | |
| **Known as** |  | |
| **Date of Birth** |  | |
| **National Health Service Number** |  | |
| **National Curriculum Year Group** |  | |
| **Gender** |  | |
| **Home Language** |  | |
| **Is an interpreter required?** | **Yes/No** | |
| **How to communicate with me** |  | |
| **Home Address** |  | |
| **Postcode** |  | |
| **Telephone No** |  | |
| **Ethnicity** |  | |
| **Religion** |  | |
| **Educational / Learning Setting** |  | |
| **Date of Admission** |  | |
| **Legal Status (if relevant)** |  | |

**For young people aged 16 or over:**

|  |  |
| --- | --- |
| **Do you/they have mental capacity to agree to the EHCP needs assessment process?** | **Yes/No** |
| **If no, who assessed the young person’s mental capacity?** |  |
| **If yes, the young person must give their consent to the EHCP needs assessment process or allocate a person to support them through the process. Please indicate below.** |  |
| **I (young person) give my consent for my information to be shared as part of the EHC plan needs assessment process.** |  |
| **Would you like to allocate a person to support you in the EHC need assessment process?** | **Yes/No** |
| **If yes, please state who?** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 2: Child / Young Person’s Parent / Principal 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)** |  |
| **Please state who has parental responsibility for child/young person** |  | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 3: Referrer Details** | | | | | | | | | |
| **Person completing this form:** | Parent / Carer | |  | Young Person |  | Setting |  | Other |  |
| **Name** | |  | | | | | | | |
| **Address** | |  | | | | | | | |
| **Relationship to Child / Young Person** | |  | | | | | | | |
| **Telephone** | |  | | | | | | | |
| **Email Address** | |  | | | | | | | |
| **Signature** | |  | | | | | | | |
| **Date** | |  | | | | | | | |

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| **SECTION 4: Evidence to demonstrate that a graduated response (assess, plan, do, review) has been implemented, including a SEN Support plan and details of any support provided by other specialist services, including that which has been accessed through the SEN Advice and Support Allocation Panel.** |
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| **SECTION 5: Evidence of Education, Health and Care Needs**  **(Please provide a detailed description of the child/young person’s needs below)**  ***Will form the educational advice needed if assessment is agreed to take place*** |
| **Background information and details of relevant educational history** |
|  |
| **Summary of child or young person’s special educational needs:** Please include any information relevant to the child or young person’s skills and strengths, needs and support. This should include what is working well and what is not working well in the following areas: |
| **Impact of need on cognition and learning** |
|  |
| **Impact of need on communication and interaction** |
|  |
| **Impact of need on social, emotional and mental health** |
|  |
| **Impact of need on sensory and physical development** |
|  |
| **Impact of need on preparation for employment and the world of work** |
|  |
| **Impact of need on preparation for living as independently as possible** |
|  |
| **Impact of need on community and social involvement** |
|  |
| **Impact of need on being as healthy as possible** |
|  |
| **Any other relevant health needs in relation to their SEN** |
|  |
| **Any other relevant social care needs in relation to their SEN** |
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| **Identify area of need for each outcome** | **Section E – Outcome**  **Aims and aspirations**  *The long-term aim, e.g., at the end of Key stage* **SMART Targets** *(Specific, Measurable, Achievable, Relevant, Time bound)* | | | **Section F – Provision**  **Additional Educational support** Required for the child/young person. This is p*rovision provided which goes over and above quality first teaching and the mainstream guidance.* | | |
|  | **OUTCOME** | **To be achieved by** | **PROVISION** | | **By whom** | **Frequency and quantity** |
| **Cognition and Learning** | **Long term outcome:** | | | | | |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
| **Communication and interaction** | **Long term outcome:** | | | | | |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
| **SEMH** | **Long term outcome:** | | | | | |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
| **Physical and sensory** | **Long term outcome:** | | | | | |
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| **Identify area of need for each outcome** | **Section E – Outcome**  **Aims and aspirations**  *The long-term aim, e.g., at the end of Key stage.*  **SMART Targets** *(Specific, Measurable, Achievable, Relevant, Time bound)* | | | **Section F – Provision**  **Additional Educational support** Required for the child/young person. This is p*rovision provided which goes over and above quality first teaching and the mainstream guidance.* | | |
|  | **OUTCOME** | **To be achieved by** | **PROVISION** | | **By whom** | **Frequency and quantity** |
| **Employment and the world of work** | **Long term outcome:** | | | | | |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
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| **Living independently** | **Long term outcome:** | | | | | |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
| **Community and Social involvement** | **Long term outcome:** | | | | | |
|  |  |  |  | |  |  |
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|  |  |  |  | |  |  |
| **Being healthy** | **Long term outcome:** | | | | | |
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| **SECTION 6 : SEND PHYSICAL HEALTH AND SOCIAL CARE QUESTIONNAIRE**  As part of the initial request for an Education, Health and Care (EHC) Needs Assessment we are looking for details to support the child/young person’s health and social care  Needs.  It is important to gather information from health and social care services to support the EHC needs assessment and plan.  Please will you complete this health and social care screening questionnaire at the point when you give your consent for an EHC needs assessment to be carried out.  Please note that if it is agreed that an EHC needs assessment is required statutory health and social care advice will be requested to support the assessment process. | |
| Are you a parent/carer completing the form behalf of child /young person? |  |
| Are you a young person aged 16 or above assessed as having mental capacity to make your own decisions? |  |
| **Contact details of person completing this part of the request form (if different from above)** | |
| Name |  |
| Address |  |
| Email |  |
| Telephone |  |
| Language spoken at home |  |
| Do you need an interpreter? |  |
| GP surgery name and address |  |

If you are uncertain about completing this form please email:

For support with the health questions: [nencicb-ng.ehcphealthadvicenewc@nhs.net](mailto:nencicb-ng.ehcphealthadvicenewc@nhs.net)

For support with the social care questions: [kelly.mcguinness@newcastle.gov.uk](mailto:kelly.mcguinness@newcastle.gov.uk)

An up to date mobile/ home telephone number is very important in case we need to make contact with you to complete the health and social care report. Once the health and social care report has been completed you will be sent a copy.

|  |  |
| --- | --- |
| Contact telephone number |  |

**Health questions**

1. **Has your child/young person had an appointment with a Paediatrician in the last year?**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** |  | **Yes** |  |

**If yes, who?**

|  |
| --- |
|  |

1. **Has your child/ young person had an appointment with another health professional e.g., speech therapist, community nurse, physiotherapist, CYPs etc.?**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** |  | **Yes** |  |

**If yes, what type, e.g., physio?**

|  |
| --- |
|  |

1. **Does your child/young person have any ongoing physical health conditions? e.g., asthma, epilepsy, constipation?**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** |  | **Yes** |  |

**Please complete table below:**

|  |  |  |
| --- | --- | --- |
| **Health condition** | **Who looks after this health condition?**  **(e.g., hospital paediatrician or GP)** | **Does this health condition affect their ability to learn or participate in education in school?**  **If yes describe below:** |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Does your child/young person have an Individual Healthcare Plan (IHP) in the educational/setting?**

This might be for a condition such as diabetes, epilepsy or where an epi-pen or inhaler is required and helps the school to support your child to manage the condition.

|  |  |  |  |
| --- | --- | --- | --- |
| **No** |  | **Yes** |  |

**If yes what conditions?**

|  |
| --- |
|  |

1. **Does your child/young person take any regular medication?**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** |  | **Yes** |  |

**If yes what medication?**

|  |
| --- |
|  |

1. **Does your child/young person have any problems with:**

|  |  |
| --- | --- |
| **Problem** | **Details** |
| Hearing |  |
| Vision |  |
| Toileting |  |
| Any other physical health concerns? |  |

This form will be reviewed by a health care professional. If further information is required, they will contact you on the telephone number you have provided.

**Social Care questions**

1. **Has your child/young person been involved with the Early Help or a social work team before?**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** |  | **Yes** |  |

**If yes, who and when?**

|  |
| --- |
|  |

1. **Has your child/ young person had an appointment with another social care or family support service?**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** |  | **Yes** |  |

**If yes, what type, e.g., family worker?**

|  |
| --- |
|  |

1. **Does your child/young person have any ongoing involvement with the Early Help or social care service?**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** |  | **Yes** |  |

**If yes, please add name and contact details**

|  |
| --- |
|  |

1. **Does your child/young person have a Child in Need plan, Child protection plan or Team around the family?**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** |  | **Yes** |  |

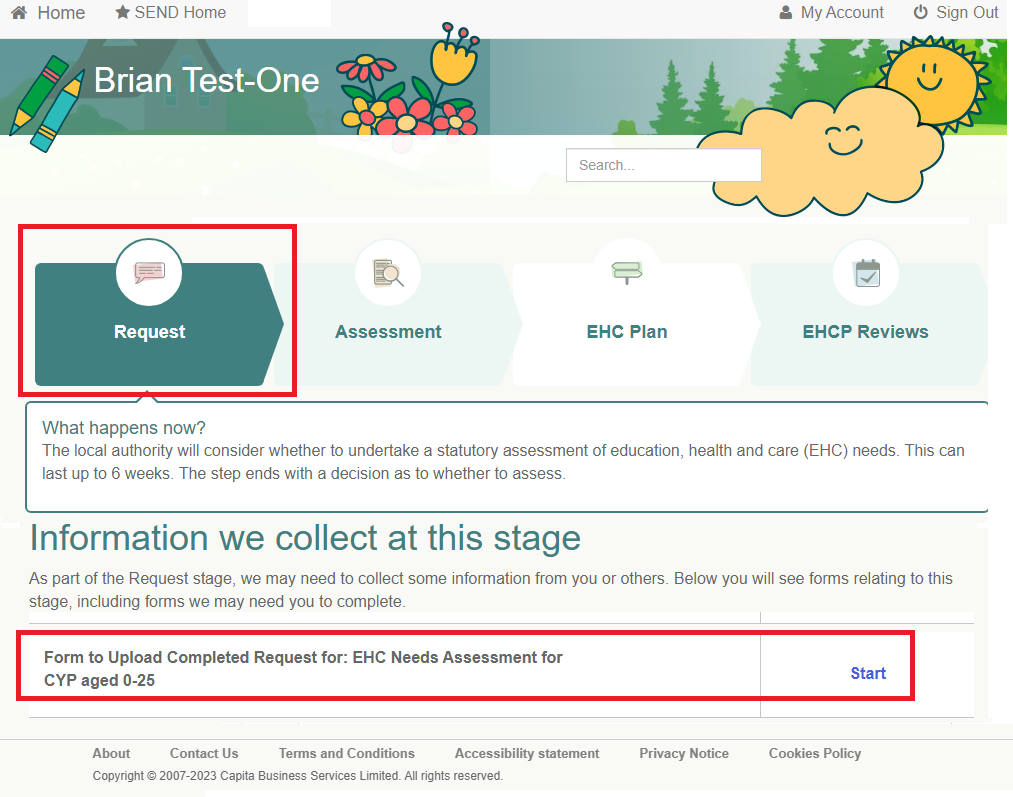
**If yes, what type and who is involved?**

|  |
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| **SECTION 7a: Information Sharing – Gathering information to support the assessment** | |
| 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 request form you agree to share information relevant to your child’s EHC assessment with the professionals listed above.  Young people over the age of 16 who have mental capacity **MUST** sign below to give their consent. | |
| **Name** |  |
| **Signature** | **Parent / Carer/ Young Person**  **(Please delete as appropriate)** |
| **Date** |  |

|  |  |
| --- | --- |
| **SECTION 7b: 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 quality first teaching, which are usually provided and their impact (SEN Support Plan). |  |
| Child/young person views |  |
| Parent/carer view |  |
| Recent information from education services |  |
| Recent information from any health services |  |
| Recent information from social care |  |
| Early Help Review |  |
| Arrangements for a young person over 14 to prepare for adulthood (if applicable) |  |
| SEN support plan (if applicable) |  |
| Physical health screening questionnaire |  |

**Once the Word form is complete please go to the Request tab in the Portal and select the option titled “Form to Upload Completed Request for: EHC Needs Assessment for CYP aged 0-25.” from there you can upload and submit this completed Word form and also upload all the supporting documentation too.**

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