**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](mailto: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:

Preparation for Adulthood Lead

SEN Assessment, Provision and Review Service, 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.

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| **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 |  |

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| **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)** |  |

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| **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 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** |  |

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| **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** |
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| **Impact of need on cognition and learnings** |
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| **Impact of need on communication and interaction** |
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| **Impact of need on social, emotional and mental health development** |
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| **Impact of need on sensory and physical development** |
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| **Impact of need on self-help and independence skills** |
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| **Any other relevant health needs** |
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| **Any other relevant social care needs** |
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| **Detail action that has already been taken to support the child/young person including involvement and impact of outside agencies** |
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| **SECTION 6: Child / Young Person’s Views** | | |
| **Has the child / young person completed this form themselves?** | |  |
| **Has an advocate worked with the child / young person to complete the form?** | |  |
| **Has another adult completed this form on behalf of the child / young person?** | |  |
| **Name of person supporting the child / young person to complete this form (if applicable)?** | | |
| **Signature of person who has completed this form** |  | |
| **Date**   |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  | |

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| **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?** |  |

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| **SECTION 7: Summary of Parent(s) / Carer(s) Views** | |
| **Name of parent/carer 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?** |  |

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| **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** | **Parent / Carer/ Young Person**  **(Please delete as appropriate)** |
| **Date** |  |

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| **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.** |  |
| **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)** |  |