

Request for an Education Health and Care Assessment Parent or Carer Views and Evidence

This form is for parents and carers who wish to make a **request for a statutory Education, Health and Care Assessment** for their child or young person under the Children and Families Act 2014.

It is also for parents or carers to contribute their **views and advice** for an assessment that has been agreed by the Hounslow SEN Panel.

If you prefer, you can record your views and information on a separate sheet or document.

Parents and carers are the experts about their own child or young person. Please tell us everything that we need to bear in mind when making decisions about them and attach any professional reports that you wish the Local Authority to consider.

Appended to this form is an Involvement Form to tell us who else is involved, and a section to record your child or young person's views, although we will accept their views in any format they wish. Where appropriate, he/she should be encouraged and supported to complete this or give us their views for him/herself. Your child or young person's education placement will also support them to offer their views.

Your completed form and any reports you attach will be shared with all the professionals and agencies involved in the statutory assessment process (see list below).

If you wish to, please attach a photograph of your child (it must be printable in black and white), a drawing by them or a contribution chosen by your child or young person.

If you have already provided this information e.g. with a school SENCO or a social worker, you do not need to repeat it here. Please just call us or email to let us know.

1. Your child or young person's details			
Forename(s)		Surname	
Likes to be called		Date of birth	
Home address and postcode			
To which borough is Council Tax paid			
Child's own Contact Details (if appropriate)	Home phone Mobile Email		
Primary Language used at home:		Other Languages used at home:	
Current education provider:		Start date:	
Previous education provider:		Start date: Finish date:	

2. Your information (Parents or Carers)		
	Parent/carer 1	Parent/carer 2
Title		
Forename(s)		
Surname		
Relationship to child or young person		
Do you have parental responsibility?	Yes / No	Yes / No
Home address & postcode, if different from child		
Home phone		
Mobile phone		
Email		
First language		

Please keep the information below as short and clear as possible (e.g. use bullets). You do not need to use each of these headings or complete every section. We are simply looking for a good understanding of your child/young person, your key concerns, and your priorities for the future.

3. Background
e.g. who the child lives with, past events or diagnoses that may be contributing to their special educational needs

4. What do you like and admire about your child or young person?
e.g. Things you are proud of, personal qualities, strengths, interests, achievements, things that surprise you or make you smile

5. What is important <u>to</u> your child or young person? What do you think is important <u>for</u> them?
e.g. Important people, pets, what makes them calm or happy, what would they not like to be without, what would they like to try or do more of, what could potentially make a real difference to their life?

6. What are your aspirations for them and what are their aspirations?
If possible, look ahead and consider what success might look like for them e.g. at primary or secondary school, or as an adult. What are their own personal wishes for the future, do you think?

7. Preparing for adult life: if your child or young person is in year 9 (age 14) or above please comment on the categories below. There is further advice and information on the Hounslow Local Offer website www.hounslow.gov.uk/localoffer

<p>Independence (self-care, travel, housing, money, cooking, communication, safety)</p>
<p>Preparing for employment and higher education (skills, qualifications, work readiness, communication, taking responsibility)</p>
<p>Participating in society (leisure activities, friends & support networks)</p>
<p>Health (healthy diet, exercise, access to health care/health checks, self-medication, mental health)</p>

<p>8. Are you receiving support from social care for your child? (If so, please provide details including the name of your social worker and details of the support provided)</p>
<p> </p>

<p>9. Does your child have health difficulties which impact on them at home and/ or at an educational setting? If yes, please provide details on what support is being provided. (You can give details on who is involved in the form below)</p>
<p> </p>

<p>10. Any other information you feel is important</p>
<p>Please include any additional concerns you may have, what difference you hope an EHC needs assessment or EHC Plan will make, and any views or preferences you have about schools or other education placements at this stage.</p>

<p>11. Parent/Carer agreement to share information between partner agencies;</p>								
<p>I consent to this information being used as a request for, or a contribution to, an EHC Needs Assessment. I consent to appropriate agencies including Education Services, the Health Service and Social Care, sharing and discussing relevant information relating to my child. I confirm consent to psychological and medical and care reports being obtained for my child if the EHC needs Assessment is agreed to proceed to assess.</p> <p>Hounslow Council will process your personal information in accordance with the data protection 2018 and General Data Protection Regulation (GDPR). Privacy statement for s can be found on the school / Hounslow Council websites and explain how personal data is used and protected, and the subject's data protection rights.</p> <p>https://www.hounslow.gov.uk/info/20110/open_data_and_information_requests/1368/privacy_notice/10</p>								
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Name (CAPITALS)								
Signature		Date:						

Please complete and attach the Involvement Form below and any reports you wish the Local Authority to consider with this request.

Involvement Form

*Please tell us about your child's GP and any other service or professional who is **currently** working with your child or young person.*

Name of GP Practice:		GP Contact No.	
GP Address		CCG, if known (Clinical Commissioning Group responsible for your GP practice)	
Please tell us about any prescription medicines taken by your child or young person			

Type of Involvement	Name of Professional	Contact details Address, email & phone	Report Attached? Yes/No
Current/ Previous Education Provider			
Educational Psychology			
Portage			
SENSS (Specialist Advisory Service for visual and/or hearing impairments, physical disabilities and complex medical conditions)			
Specialist Nursery			
Children's Centre			
Paediatrician (Child Development Team)			
Speech and Language Therapy			
Physiotherapy			

Occupational Therapy			
Children's Community Nursing			
CAMHS (Child & Adolescent Mental Health Service)			
Audiology			
Ophthalmology			
Dietician			
Continence Nurse			
Specialist Doctor / Consultant or Hospital Service			
Looked After Children (LAC) / LAC Health Team			
Adult Social Care / Adult Social Care Health Team			
Children's Social Care or Early Help			
Adult Mental Health			
Youth Offending Service			
Other (please specify, add additional sheets if needed)			

Please also tell us about any services that the Child/Young Person has been discharged from in the last 12 months.

Please send this form to **SEN@hounslow.gov.uk** or post to SEN Team, Hounslow House, 7 Bath Road, TW3 3EB. You can call us on 020 8583 2672.

Child or Young Person's Views and Evidence

Name of child or young person:

Date of Birth:

Name of parent/person helping to complete the form, if relevant:

Role of the person helping:

Note: if an adult is writing/typing this, it **must** be written in the third person (He/she says that...). Please use quotation marks, where appropriate.

You do not need to answer every question. If you want, just tell us what is on your mind or draw something that is important to you on a separate sheet.

What are your main goals or wishes?

Think about when you are a bit older or when you are a grown up

What is important to you?

e.g. people, hobbies, pets, lessons, friends...what can't you do without? What do you look forward to?

What are you proud of and what do other people like about you?

e.g. achievements and any good qualities that you have

What is working well?

Who or what helps you? What do you find easy?

What does not work very well?

What do you find hard? What do you think is stopping you from making progress?

What do you think would help you?

Signed:

Date:

Please give this to your parent/s or carer/s or to someone at school or college. If you prefer, you can email it straight to SEN@hounslow.gov.uk.

We will be sharing this with other people in the Council and Health Services. You can find out more about this on www.hounslow.gov.uk/privacy, option number 3.

Please tell us if you want this translated, in easy read or in large print.

