

Request for an Education Health and Care Plan Assessment Young Person Views and Evidence

This form is for a young person who wishes to make a **request for a statutory Education, Health and Care Assessment** under the Children and Families Act 2014 and/or to **contribute their views** after an assessment has been agreed. Please complete the form below.

Instead of sections 3 onwards, you can give us your views in a different way if you wish. You might want to just tell us what a Good Day is like and what a Bad Day is like for you or you can write or draw something on paper and scan it to us.

Please send us any professional reports you want us to look at.

If you are attending an education placement (school or college), they will also be asked for their views and they also can help you to fill in this form.

Send a photograph of yourself if you wish but it must be printable in black and white.

If you have already been asked your views by someone else like your parents, a social worker or school/college staff, you don't have to do it again here but please just let us know.

1. Your Details			
First Name		Last Name	
What do you like to be called?		Date of birth	
Home address and postcode			
Contact information	Home phone Email	Mobile	
What language do you speak at home?		Other languages	

2. Your Parents, Carers (or other people who you may want to represent you)		
	Parent/carer 1	Parent/carer 2
Title (Mr, Ms, Mrs, Dr etc.)		
First name		
Last name		
Relationship (Mother, Father, Grandmother etc.)		
Home address & postcode, if different from yours		
Contact information	Home phone Mobile Email	

Do you want this person to receive documents and be asked for their views?	Y/N	Y/N
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Note: if an adult is writing/typing this, it **must** be written in the third person (He/she says that...) and you can use quotation marks if appropriate (he/she said 'I like to...')

3. Who do you live with?

4. If you have any specific conditions or diagnoses, please tell us about these

5. What are your main goals or wishes?
Think about when you are a bit older or when you are a grown up

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

7. What are you proud of and what do other people like about you?
e.g. achievements and any good qualities that you have

8. What is working well with your learning?
Who or what helps you? What do you find easy?

9. What is not working well with your learning?
What do you find hard?

10. What could help? What could make things easier or work better for you?

11. Are you receiving support from social care? (If so, please tell us the name of your social worker and details of the support provided)

12. Do you have health needs? If yes, please tell us what support is being provided. (You can give details on who is involved in the form below)

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

14. Young Persons agreement to share information between partner agencies;

I agree for this information being used as a request for, or a contribution to, an EHC Needs Assessment. I agree to appropriate agencies including Education Services, the Health Service and Social Care, sharing and discussing relevant information relating to me. I confirm consent to psychological and medical and care reports being obtained for me if the EHC needs Assessment is agreed.

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.

https://www.hounslow.gov.uk/info/20110/open_data_and_information_requests/1368/privacy_notice/10

Young person's Name (CAPITALS)			
Young person's Signature		Date:	
Name of the person helping me to complete this form			

Please also complete and return the Involvement Form below unless you have already done this with your school or college.

Involvement Form

Please tell us about your GP and anyone else who helps you.

Name of GP Practice:		GP Contact No.	
GP Address			
Please tell us about any prescription medicines you take			

Type of Involvement	Name of person	Address	Contact details (email & phone)
Educational Psychology			
SENSS (Specialist Advisory Service for visual and/or hearing impairments, physical disabilities and complex medical conditions)			
Paediatrician (Child Development Team)			
Speech and Language Therapy			
Physiotherapy			
Occupational Therapy			
Children's Community Nursing			
CAMHS (Child & Adolescent Mental Health Service)			
Audiology			
Ophthalmology			

Dietician			
Specialist Doctor / Consultant or Hospital Service			
Looked After Children (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 you have been discharged from in the last 12 months.

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.

The above information may be shared with Hounslow Council Staff (as appropriate), Social Care Professionals, Educational Psychology Services, NHS Clinical Commissioning Groups (CCGs), and representatives from Hounslow schools.

Our Privacy Statement can be found on Hounslow Council's website, www.hounslow.gov.uk/privacy option 3. This explains the data we hold (including special category data), what we do with it, with whom we share it, how we keep it safe, and your rights with regard to data protection.

Please contact us if you would like this document in **easy read**, another more accessible format, or if you need it to be **translated** to another language.