Barking and Dagenham
Parental Request
for
Statutory Education Health and Care Needs Assessment

Child's name

Educational setting

Revised 2018
**Points for you to consider before requesting Education Health and Care Needs Assessment**

1. Does your child/young person have long term and lasting educational needs?

2. Can you describe what your child/young person’s school is currently offering in terms of additional support to meet any identified need?

3. Have you included the child/young person’s views about this Educational Health and Care Needs Assessment request?

4. Does your child/young person have educational/learning needs as the main concern? For example, not all disabled children/young people have special educational needs.

5. How are the child/young person’s current needs being met within the current setting/school? Does the child/young person currently have additional adult support to access these types of provision? (Attach school timetable).

6. Which professionals/agencies have been involved in supporting your child in school? Make sure you attach any up to date reports (no older than 12 months).

7. What is the impact of the child/young person’s needs on the whole family – for example is night time regularly disrupted, is the child/young person able to access mainstream social activities such as swimming, beavers, brownies, sport without support?

8. You will need to provide proof that you and your child/young person live within Barking and Dagenham. Please attach either a Council Tax Statement or Rental Agreement.
<table>
<thead>
<tr>
<th><strong>Name of child/young person</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Date of birth</strong>&lt;br&gt;<strong>of child/young person</strong></td>
<td><strong>Current school year group</strong></td>
</tr>
<tr>
<td>If child/young person is not being taught in their correct chronological year group, please give reasons</td>
<td></td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td></td>
</tr>
<tr>
<td>Parents/carers names and email/telephone/address if different from above</td>
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<tr>
<td>Who has parental responsibility for the child/young person?</td>
<td></td>
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<tr>
<td>Siblings/place in family</td>
<td></td>
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<tr>
<td>Language(s) spoken</td>
<td></td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>Interpreter required?</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Language</strong></td>
<td></td>
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<tr>
<td><strong>Name of person making request</strong></td>
<td></td>
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<tr>
<td><strong>Role</strong></td>
<td></td>
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<tr>
<td><strong>Contact details (email/telephone/address)</strong></td>
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</tbody>
</table>
**Why do you think an Education Health and Care Needs Assessment is necessary for your child/young person?**

(Include what benefits you believe an EHC Needs Assessment will bring to the child/young person and the intended outcomes for the child/young person).

<table>
<thead>
<tr>
<th>Does your child / young person have a Common Assessment Framework or Social Care Assessment?</th>
<th>Common Assessment Framework</th>
<th>Social Care Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please tick ✓ and attach a copy.</td>
<td>Y/N</td>
<td>Y/N</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>When was this completed?</th>
<th></th>
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</table>

<p>| Date of last review/Team Around the Family?                                             |                             |
| Please attach a copy.                                                                   |                             |</p>
<table>
<thead>
<tr>
<th>Health Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Does your child / young person have formal medical diagnosis/diagnoses? Please tick ✓ and attach a copy of relevant reports.</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td><strong>If Yes, please give details</strong></td>
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<td></td>
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<tr>
<td><strong>Does your child have ongoing and lasting health needs that will require specialist treatment for foreseeable future?</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td><strong>If Yes, please give details</strong></td>
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<td></td>
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<tr>
<td><strong>Are these health needs likely to impact on your child / young person’s current and future educational progress and attainment?</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td><strong>If Yes, please give details</strong></td>
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</tbody>
</table>
Indicate which of the following Health services the child/young person accesses now or has in the recent past. Please also indicate if Health services have been offered but not taken up. If a referral has been made but no report received please indicate date of referral.

<table>
<thead>
<tr>
<th>Name of specialists</th>
<th>Tick if report attached</th>
<th>Date of report</th>
<th>Date of referral</th>
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</thead>
<tbody>
<tr>
<td>Local Paediatrician / Consultants</td>
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<tr>
<td>Specialist Hospital such as GOSH/Moorfields</td>
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<tr>
<td>Child Development Team</td>
<td></td>
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<tr>
<td>Speech and Language Therapy</td>
<td></td>
<td></td>
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<tr>
<td>Occupational Therapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physiotherapy</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Specialist feeding</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Children’s Home Care Team</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Dietician</td>
<td></td>
<td></td>
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<tr>
<td>Child and Adolescent Mental Health Services</td>
<td></td>
<td></td>
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<tr>
<td>Audiology</td>
<td></td>
<td></td>
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<tr>
<td>Health Visitor</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>School Nurse</td>
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</tbody>
</table>
Please contact your child/young person's current school/setting and obtain a copy of your child's weekly timetable. This should show if your child/young person is being taught in smaller groups or if they have any 1-1 support. Please make sure you attach a copy of this timetable.

Tick which of the following educational services are supporting the child / young person or their programme:

<table>
<thead>
<tr>
<th>Name</th>
<th>Tick if report attached</th>
<th>Office use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portage</td>
<td></td>
<td></td>
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<tr>
<td>Educational Psychologist - you must include EP assessment. If this has not been undertaken, please explain why</td>
<td></td>
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<tr>
<td>Inclusion Adviser Team</td>
<td></td>
<td></td>
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<tr>
<td>Speech &amp; Language Therapy Service</td>
<td></td>
<td></td>
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<tr>
<td>Early Years Setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual Impairment support/outreach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Impairment support/outreach</td>
<td></td>
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<tr>
<td>School</td>
<td></td>
<td></td>
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</tbody>
</table>

Revised 2018
<table>
<thead>
<tr>
<th>Education Type</th>
<th>1</th>
<th>2</th>
<th>3</th>
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</thead>
<tbody>
<tr>
<td>Post 16/college</td>
<td></td>
<td></td>
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<tr>
<td>PRU/Alternative provision</td>
<td></td>
<td></td>
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<tr>
<td>Home Education</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Special School outreach</td>
<td></td>
<td></td>
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<tr>
<td>Additional Resourced Provision</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>/Nursery Additional Resourced Provision</td>
<td></td>
<td></td>
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<tr>
<td><strong>Social Care Provision</strong></td>
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<tr>
<td>--------------------------</td>
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<td></td>
</tr>
<tr>
<td><strong>Is your child / young person known to Social Care?</strong></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>Which Social Care Team?</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Named Social Worker?</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>What is the status of the child / young person?</strong></td>
<td>Looked After Child</td>
<td>Child in Need</td>
<td>Child Protection</td>
</tr>
<tr>
<td><strong>Is the child / young person known to Social Care Occupational Therapy?</strong></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>If Yes, please give details</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Is Family Support involved with the child/young person/family?</strong></td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td><strong>If Yes, please give details</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Do you and your family access the Heathway Centre?</strong></td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td><strong>If Yes, please give details</strong></td>
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</tr>
</tbody>
</table>
How does your child/young person manage at home? What hobbies do they enjoy? Are they involved in any clubs e.g. brownies, scouts etc? What is the impact of your child/young person’s needs on your whole family?
I/we would like you to consider my/our child’s special educational needs. I/we give you permission to contact my/our child’s school/setting, health services (including our GP), social care or any other professionals to obtain information about him/her.

<table>
<thead>
<tr>
<th>Name of parent:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of parent:</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>

Child young person’s views and consent (if over 16 years)

| Views:      |          |
| Consent:    |          |
| Signature:  |          |
| Date:       |          |

If the young person is under the age of 16 has the request been discussed with them?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>
If you need support in order to complete this form, please contact the independent Support Service

<table>
<thead>
<tr>
<th>Barking and Dagenham Carers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Information Advice Support Service (IASS) &amp;</td>
<td></td>
</tr>
<tr>
<td>Independent Support (IS)</td>
<td></td>
</tr>
<tr>
<td><strong>Telephone:</strong></td>
<td>020 8593 4422</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><a href="mailto:carers@carerscentre.org.uk">carers@carerscentre.org.uk</a></td>
</tr>
<tr>
<td><strong>Website:</strong></td>
<td><a href="http://www.carerscentre.org.uk">www.carerscentre.org.uk</a></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td>Carers of Barking and Dagenham</td>
</tr>
<tr>
<td></td>
<td>334 Heathway</td>
</tr>
<tr>
<td></td>
<td>Dagenham</td>
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<tr>
<td></td>
<td>Essex</td>
</tr>
<tr>
<td></td>
<td>RM10 8NJ</td>
</tr>
</tbody>
</table>

Please return this form and all additional reports and school timetable by e mail or post to:

<table>
<thead>
<tr>
<th><strong>Email:</strong></th>
<th><a href="mailto:EHC@lbbd.gov.uk">EHC@lbbd.gov.uk</a></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Address:</strong></td>
<td>EHC Team</td>
</tr>
<tr>
<td></td>
<td>Barking Town Hall</td>
</tr>
<tr>
<td></td>
<td>Floor 2</td>
</tr>
<tr>
<td></td>
<td>1 Town Hall Square</td>
</tr>
<tr>
<td></td>
<td>Barking</td>
</tr>
<tr>
<td></td>
<td>IG11 7LU</td>
</tr>
</tbody>
</table>