

Education, Health and Care Needs Assessment Request Form

For Parent/Carer or Young Person

Please return this form, as well as a complete permissions form and any reports or other supporting information, to your local [SEND Operations team](#_SEND_Operations_contact).

# Guidance

This request is made in accordance with section 36 of the Children and Families Act 2014.

# Person making this request

|  |  |
| --- | --- |
| Are you a young person (16+) or their parent/carer? |  |

# Child/young person’s details

|  |  |
| --- | --- |
| First name(s) |  |
| Surname |  |
| Date of birth |  |
| Address |  |
| Post code |  |
| Educational setting |  |
| Year group |  |
| Contact details if young person is making request themselves |  |

# Parent(s)/carer(s) details

|  |  |
| --- | --- |
| Parent/carer (1) name |  |
| Relationship |  |
| Address (if different) |  |
| Post code |  |
| Contact number |  |
| Email |  |
| Parent/carer (2) name |  |
| Relationship |  |
| Address (if different) |  |
| Post code |  |
| Contact number |  |
| Email |  |

# Special Educational Needs

Please indicate the difficulties which you consider are acting as barriers to your or your child’s access to the curriculum.

|  |  |
| --- | --- |
| Type of need | Indicate yes or no |
| Communication and Interaction |  |
| Cognition and Learning |  |
| Social, Emotional and Mental Health |  |
| Sensory and/or Physical Needs |  |

# Useful Information

Please provide further detail below of your/your child’s needs and detail why you feel an Education, Health and Care needs assessment is necessary in relation to the following:

* A summary of your/your child’s special educational needs
* The educational outcomes you believe are not being met
* The support you believe is required

Please attach any relevant school or setting and professional reports and continue on an additional sheet if necessary.

# Support / Services

Please indicate in the table below if you are / your child is receiving any support from services such as:

* The Educational Psychology Service
* The Sensory Specialist Teacher Team
* Health Professionals
* Social Care

If any reports recently written by those services are available, please attach in the table.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Contact details | Details of the support/service provided | Report |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Signature(s)

I/We would like you to request an EHC needs assessment of my own for my/our child/young person’s special educational needs.

|  |  |
| --- | --- |
| Full name |  |
| Signature |  |
| Date |  |
| Full name |  |
| Signature |  |
| Date |  |

#

# SEND Operations contact details

## Mid (covering Braintree, Chelmsford, Halstead and Maldon)

Email address: EHCRequestMid@essex.gov.uk

Postal address: SEND Operations, E2 County Hall, Market Road, Chelmsford, CM1 1QH

**South (covering Basildon, Billericay, Brentwood, Castle Point, Rochford and Wickford)**

Email address: EHCRequestSouth@essex.gov.uk

Postal address: SEND Operations, Ground floor, Ely House, Churchill Avenue, Basildon, SS14 2BQ

**North East (covering Colchester and Tendring)**

Email address: EHCRequestNorthEast@essex.gov.uk

Postal address: Rowan House, Essex CC, 33 Sheepen Road, Colchester, CO3 3WG

**West (covering Epping, Harlow and Uttlesford)**

Email address: EHCRequestWest@essex.gov.uk

Postal address: SEND Operations, Ground floor, Goodman House, Station Approach, Harlow, CM20 2ET

# For Office Use

|  |  |
| --- | --- |
| Date received |  |
| Response due by |  |
| Officer |  |
| Initiation panel date |  |
| Permissions form completed? |  |
| Date of permission |  |