



Request For EHC Needs assessment By a parent, carer or young person

Information and guidance for parents, carers and young people making requests themselves

Please note that this form is only for Tower Hamlets residents. If the assessment request is for a child or young person who lives outside Tower Hamlets, please contact the SEN Service in the home borough.

It is usually an early years setting, school or college that asks for a statutory Education, Health and Care assessment. If your child is in education and you think that your child or young person might need an EHC assessment you should discuss this with the SENCO/ Inclusion Co-ordinator at their Early Years Setting, School or College.

Very occasionally, parents or young people decide to request this assessment themselves. This is usually when a child or young person is not already attending school or early years setting, or if the setting, school or college does not agree that such an assessment is needed. In these circumstances we recommend that any family involves The Parents Advice and Information Service (SENDIASS). The service provides:

- free, impartial advice, information and support on education, health and social care issues
- support at meetings with schools and the Local Authority
- help to complete SEN and disability related paperwork
- support around the EHC process

Tower Hamlets Parents Partnership Service (Parents Advice Centre)
30 Greatorex Street
London
E1 5NP

Phone: 020 7364 6489

Email: pac@towerhamlets.gov.uk

Website: www.pacsen.org.uk

This form can also be completed jointly by the family and professionals (e.g. health professionals) when a child is not already attending school or an early years setting.



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Guidance on making requests

Most children and young people will have their needs met from the services that are normally available locally. Every school must publish a SEN information report on their website. You can also find information on this on the Local Offer. www.localoffertowerhamlets.co.uk

A statutory Education, Health and Care assessment is something that will only be considered if, despite access to all of the available local services and supports, your child is, or is unlikely to; make the progress that they may be capable of without considerable additional support.

Where we receive a request, the first decision (whether to carry out an assessment) will be taken within 6 weeks. All of the information we are given with a request is looked at carefully by Education Health and Care Plan Co-ordinators. They will be looking for evidence that the child or young person requires support in addition to all the services that are normally available to all children. They will consider what services have been, or can potentially be, made available to you or your child and what impact they have made, or are likely to make. To do this they will need to contact your child's current education setting.

It will be helpful if you can provide as much of this information as possible so that a proper decision about your request can be reached. If you do decide to make a request yourself, please use the form below.

When you have completed this form please return it, together with any relevant reports to:

Special Educational Needs
5th Floor Mulberry place
5 Clove Crescent
London E14

Email: sen@towerhamlets.gov.uk

Tel: 020 7364 4880

When we receive your request, we will contact any relevant early years setting, school or college, Health and Social Care to find out if they have any information that we need to know. A SEN caseworker will also make contact with you.

Please complete all relevant sections of this form with as much detail as possible to provide a full picture of the needs and concerns. We will use this information to help us decide whether to go ahead with an EHC assessment.

How to use existing documents

We ask that the following documents (if available) are submitted with this request for assessment.

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- The most recent report from an Educational Psychologist employed or commissioned by the Local Authority
- Recent reports from the early years setting, school or college. This may include end of term/ year reports, SEN Support Plans, Pupil profile/ SEN provision map.
- A copy of any specialist assessment advice or reports relevant to the child's learning or development (e.g. Early Help (eCAF) Assessment, Diagnostic assessments, Physiotherapy assessment)

If the evidence / information already exists in reports or other documents you are sending us please summarise this and do not repeat the information in full on this request form. We ask that you cut and paste short quotes and refer to the source like this:

'See page 4, paragraph 3 of the attached SALT report dated 28/06/2016'

Statutory Assessment Advice

Please make sure the information you send is up to date because if the request is agreed, the information will all be regarded as part of the statutory advice for an EHC assessment.

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1. Contact Details

| | |
|--|---------------|
| Child / young person | |
| First name | |
| Surname | |
| Address | |
| Date of birth | |
| Gender | |
| Telephone | <i>home</i> |
| | <i>mobile</i> |
| E mail address | |
| Ethnicity | |
| Home language | |
| Unique Pupil Number | |
| NHS Number | |
| GPs name and address | |
| Parent / carer | |
| First name | |
| Surname | |
| Address <i>(if different from above)</i> | |
| Telephone | <i>home</i> |
| | <i>mobile</i> |
| E mail address | |
| Relationship to child | |
| First language | |
| Parent / carer (if a 2nd person has parental responsibility) | |
| First name | |
| Surname | |
| Address <i>(if different from above)</i> | |
| Telephone | <i>home</i> |
| | <i>mobile</i> |



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| | |
|------------------------------|--|
| E mail address | |
| Relationship to child | |
| First language | |



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| Current educational setting / school / college (if any) | |
|--|--|
| Name | |
| Address <i>(if different from above)</i> | |
| Telephone | |
| E mail address | |
| Local authority area | |
| Lead professional at the setting/ school | |
| Date the child started at the current early years setting, school or college | |
| Any previous education setting(s) attended | |

2. Reason for asking for a Statutory EHC needs assessment

| |
|--|
| How do you think a statutory EHC needs assessment would help your child? |
|--|



**Request For EHC Needs assessment
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A large, empty rectangular box with a black border, intended for the user to provide details for the EHC Needs assessment request.



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3. About the child/ young person

What needs does your child have in relation to education, health and care

Child's history

Child's interests, likes and dislikes

Child's strengths and weaknesses

How your child likes to communicate and be involved in making decisions



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Child's own hopes for the future



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Parents/carers hopes for the child's future

How your child can be supported to be heard and understood

Child/young person's support network (Family/friends)

What you feel is currently working well for your child

What you feel is not working for your child



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Any other comments

| |
|--|
| |
|--|



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4. Other Family Information

| |
|--|
| What caring responsibilities do you have for anyone else? |
| |
| Are there any personal health issues, disabilities in the family that make looking after your child more difficult? |
| |
| Does your child have any need for help with personal care for example bathing, dressing, toileting, which you are not able to meet? |
| |
| What support is available from family/friends/others? |
| |
| What leisure time activities have you tried or currently use to enable you as a parent/carer to get a short break? |
| |
| Do you have any concerns about your ability to keep the child safe in the home or in the community? |



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The information provided will be shared with the Short Breaks Service or relevant Social Care Team who will consider any next steps towards any assessment or support for your family.

If a needs assessment is agreed, an EHC caseworker will contact you to meet you for any further information and to obtain your child's views if possible. They may want to complete this now:

Photo

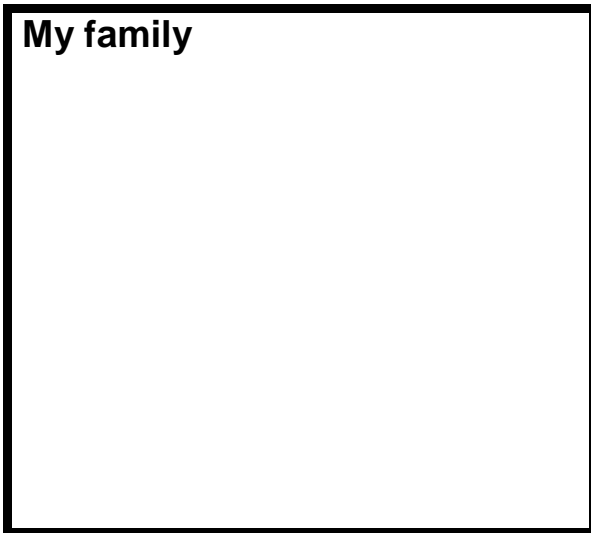
What I am good at and my achievements

What's important to me?

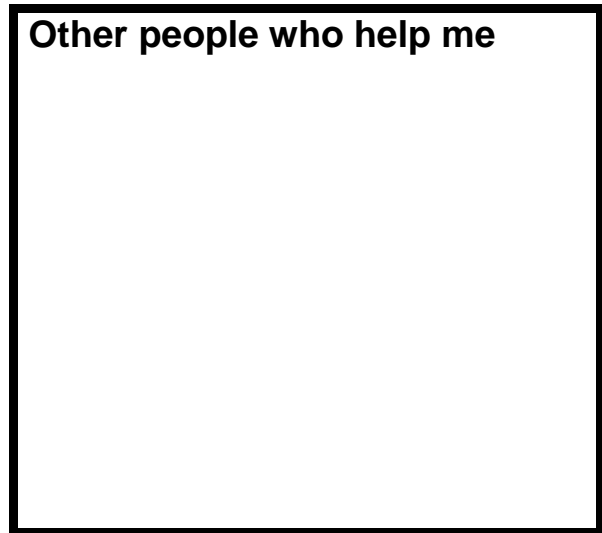
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People important to me

My family

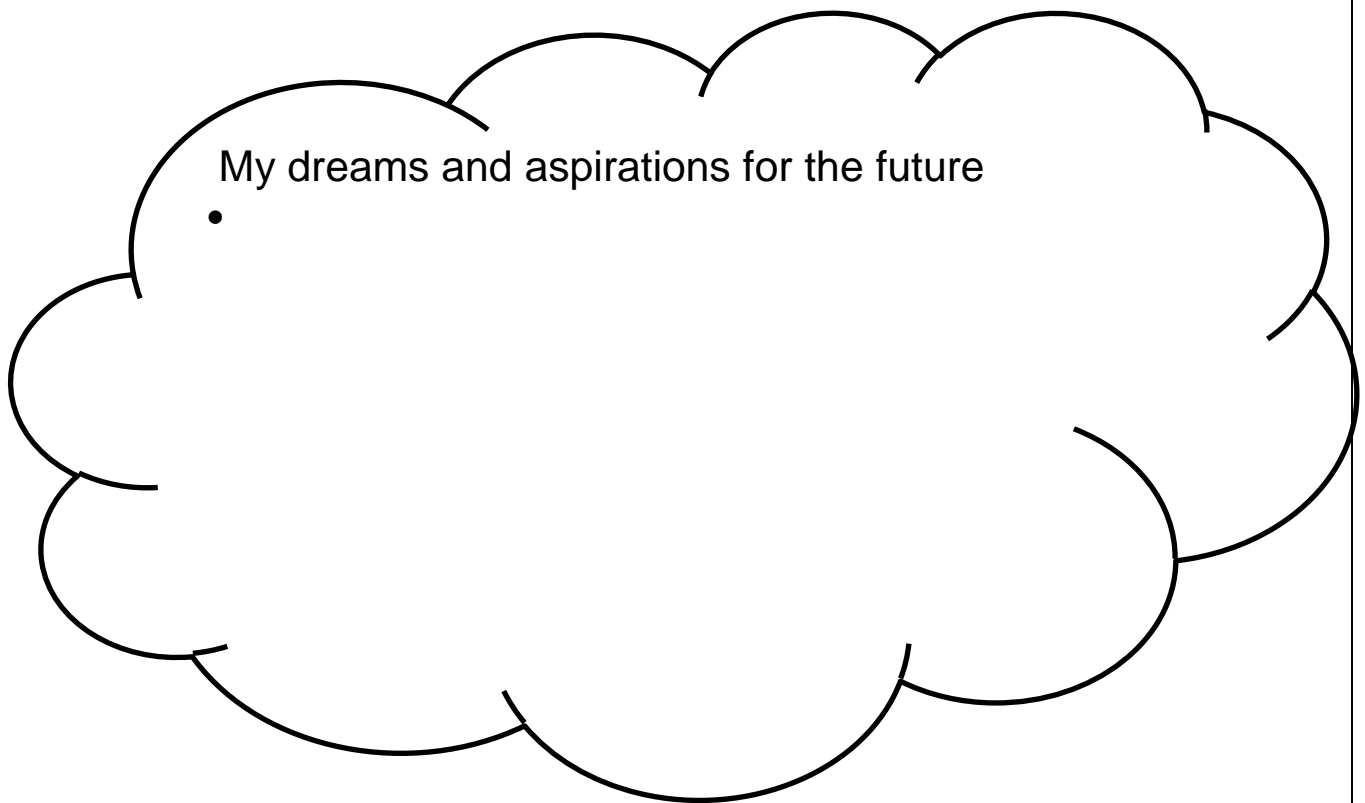


Other people who help me



My dreams and aspirations for the future

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5. Information and Advice

Please list and provide any supporting documentation attached to this completed form. To assist with cross checking please reference documents with the corresponding reference number.

| Ref | Document name | Date | No of pages |
|-----|---------------|------|-------------|
| A | | | |
| B | | | |
| C | | | |
| D | | | |
| E | | | |
| F | | | |
| G | | | |
| H | | | |
| I | | | |
| J | | | |
| K | | | |
| L | | | |

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7. People working with you

The Council considers all the information attached to this application and listed in section 6 above. Where we agree that an EHC needs assessment is required, we will also contact the people listed below for further information.

Please obtain agreement from the people you are listing that they may be included and contacted if needed.

| Service and Name of Person | E-mail | Telephone | Details of involvement | Date of most recent involvement |
|--------------------------------------|--------|-----------|------------------------|---------------------------------|
| <i>Lead Professional</i> | | | | |
| <i>Class Teacher</i> | | | | |
| <i>Support staff</i> | | | | |
| <i>Educational Psychologist</i> | | | | |
| <i>Speech and Language Therapist</i> | | | | |
| <i>Occupational Therapist</i> | | | | |
| <i>Physiotherapist</i> | | | | |
| <i>Family Support Worker</i> | | | | |

What multi-agency arrangements have been in place (e.g. CAF, Early Support, Child in Need Review)? Please provide details of types and dates of meetings in the last 12 months.

| Type of meeting | Dates |
|-----------------|-------|
| | |
| | |



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Are any multi-agency meetings planned within the next 3 months? If so please provide details:

| Type of meeting | Date / Time | Venue |
|------------------------|--------------------|--------------|
| | | |
| | | |



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8. Consent for a Statutory EHC needs assessment

I am requesting a statutory Education, Health and Care needs assessment of my child's special educational needs.

As part of the application process, I / We agree for information relating to the assessment to be shared with all services and partner agencies (including Health and/or Social Care) that are involved, to facilitate decision-making.

I / we am aware that examinations and assessments are required as part of the statutory assessment process for special educational needs under Part 3 of the Children & Families Act 2014. This may include a medical examination of the young person.

I / we agree to the sharing of any information obtained with all services and partner agencies involved. Any exceptions to this are listed in the section below.

| | |
|------------------|--|
| Name | |
| Signature | |
| Date | |

| | |
|------------------|--|
| Name | |
| Signature | |
| Date | |

The person(s) signing this consent form should either have parental responsibility of the child to whom this consent relates or the young person themselves, if aged over 16 and has sufficient understanding.

| |
|--|
| Tell us about any team/agency you would prefer for us <u>not</u> to share your information with |
| |
| Please tell us here if there is anything else you want us to know that is particular to you and your family in relation to information sharing. |
| |



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| Checklist for EHC needs assessment Requests | Please tick to confirm | For office use only |
|---|--------------------------|--------------------------|
| All relevant sections of the form are complete as fully as possible | <input type="checkbox"/> | <input type="checkbox"/> |
| Any other specialists' advice that is relevant to the child / young person's learning and development are attached and listed in section 6. | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you informed the school that you are making a request for an EHC needs assessment? If not please explain the reasons why: | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you informed other professionals working to support the child and your family that you are making a request for an EHC needs assessment? If not please explain the reasons why: | <input type="checkbox"/> | <input type="checkbox"/> |

The Form should be sent with any other documents listed in section 6 by secure email to sen@towerhamlets.gov.uk or via post to Special Educational Needs, 5th Floor, Mulberry Place, London, E14 2BG



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Privacy Notice

Information you provide when applying for an assessment of your child's and/or your needs will be entered onto a computerised database and may be shared with relevant partners including, but not limited to, health and/or social care agencies; some of which have been identified in section 7 of this form.

The information will be handled in-line with the Data Protection Act 1998 and will be processed for the purpose of facilitating decision-making between services and partner agencies involved with the young person being assessed under part 3 of the Children and Families Act 2014. You have the right to make a formal request in writing for access to personal data held about you or your child. You also have the right to request:

- a change of any inaccurate data we hold about you or your child
- that we restrict our processing of you/your child's data and/or restrict whom we share the data with, where permitted by law
- withdraw consent and remove data relating to you/your child, where permitted by law

The retention of your/your child's information will vary between organisations and will be governed by each respective organisation's records retention policy. Tower Hamlets Council will retain the information contained in this form for up to 35 years.

Tower Hamlets Council also has a duty under the Children's Act 2004 to work with partners to provide and improve services to children and young people in the area. Therefore Tower Hamlets Council may use this information for other legitimate purposes and may share this information where necessary with other bodies responsible for administering services to children and young people. In certain circumstances, we may need to share information with other organisations without your consent for statutory purposes. These can include, but are not limited to, where we believe there is risk of significant harm to a child, young person or vulnerable adult, and for the purposes of crime prevention and national security. Personal data may also be shared with the Department of Communities and Local Government as part of the Troubled Families Scheme. **Tower Hamlets Council has a duty to protect the public funds it administers, and to this end it may use the information you have provided on this form for the prevention and detection of fraud.**

You have the right to make a complaint at any point if you are not satisfied with our responses to your requests. You can do this in writing to:

Complaints
Town Hall
Mulberry Place
5 Clove Crescent
London E14 2BG.

Email: complaints@towerhamlets.gov.uk



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