**Request For Education, Health and Care (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 borough where the child or young person resides.***

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: TowerHamlets&City.SENDIASS@towerhamlets.gov.uk

Website: <https://www.towerhamletsandcitysendiass.com/>

Tower Hamlets Local offer website: <https://www.localoffertowerhamlets.co.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.

## 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 the Special Educational Needs Panel. 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. The EHC Coordinator assigned to the case will request further information from the child/young person’s educational setting if appropriate, which SEN panel will also consider along with your request.

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 Team

Children’s Services Directorate

London Borough of Tower Hamlets

Tower Hamlets Town Hall

160 Whitechapel Road

London E1 1BJ

Email: [SEN.Requests@towerhamlets.gov.uk](mailto:SEN.Requests@towerhamlets.gov.uk)

Tel: 020 7364 4880

## How to use existing documents

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

* The most recent report form 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. Speech and Language Assessments, Early Help (eCAF) Assessment, Diagnostic assessments, Physiotherapy assessment)

## Contact details

|  |  |
| --- | --- |
| ***Child / young person*** |  |
| **First name** |  |
| **Surname** |  |
| **Address** |  |
| **Date of birth** |  |
| **Gender** |  |
| **Home telephone number** |  |
| **Mobile telephone number** |  |
| **E mail address** |  |
| **Ethnicity** |  |
| **Home language** |  |
| **NHS Number** |  |

|  |  |
| --- | --- |
| ***Parent / carer*** |  |
| **First name** |  |
| **Surname** |  |
| **Address**  *(if different from above)* |  |
| **Home telephone number** |  |
| **Mobile telephone number** |  |
| **E mail address** |  |
| **Relationship to child** |  |
| **First language** |  |
| **Interpreter required?** |  |

|  |  |
| --- | --- |
| ***Parent / carer (if a 2nd person has parental responsibility)*** |  |
| **First name** |  |
| **Surname** |  |
| **Address**  *(if different from above)* |  |
| **Home telephone number** |  |
| **Mobile telephone number** |  |
| **E mail address** |  |
| **Relationship to child** |  |
| **First language** |  |
| **Interpreter required?** |  |

|  |  |
| --- | --- |
| **Current educational setting / school / college (if any)** |  |
| **Name** |  |
| **Address**  *(if different from above)* |  |
| **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** |  |

*If your child does not currently attend an educational setting, please state this.*

## Child/Young Person’s Views

|  |
| --- |
| **My Dreams and Aspirations - What do I hope and wish for in the future?** |
| **Things I think I am good at.** |
| **Things I find tricky or things I am working on.** |
| **Things I like and enjoy.** |
| **How I like to be helped and supported.** |
| **Who completed this? :** |

## Reason for asking for a Statutory EHC needs assessment

|  |
| --- |
| **How do you think a statutory Education, Health and Care (EHC) needs assessment would help your child?** |
|  |

## About the child/ young person

|  |
| --- |
| **What difficulties (needs) does your child have in relation to Education, Health and Care?** |
| *What difficulties are they experiencing with their Education?* |
| *What difficulties are they experiencing with their Health?* |
| *What difficulties are they experiencing in their home life in regards to Social Care?* |

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| --- |
| **What you feel is currently working well for your child?** |
|  |
| **What, if anything, do you feel is not working for your child?** |
|  |

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| --- |
| **Our aspirations for XXX:**  *You may want to include long term and short term goals you have for your child.* |
| **XXX’s History:**  *Please include details of the child’s developmental history and/or any significant life events relevant to their special educational needs.* |
| **Things we would like people to know about XXX:**  *You may want to include strengths, needs, likes and dislikes.* |
| **How best to communicate with XXX:** |
| **Additional information you feel is important for people to know:** |
| **Signed:** |
| **Date:** |

## Family Views

## 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 |  |  |  |

## 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** | **Email** | **Telephone** | **Details of involvement** | **Date of most recent involvement** |
| *Lead Professional:* |  |  |  |  |
| *Class Teacher:* |  |  |  |  |
| *Support staff:* |  |  |  |  |
| *Educational Psychologist:* |  |  |  |  |
| *Speech and Language Therapist:* |  |  |  |  |
| *Occupational Therapist:* |  |  |  |  |
| *Physiotherapist:* |  |  |  |  |
| *Family Support Worker:* |  |  |  |  |
| *Other:* |  |  |  |  |
|  |  |  |  |  |

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** |
|  |  |
|  |  |

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

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

## 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 not 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.** |
|  |

## 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

Tower Hamlets Town Hall

160 Whitechapel Road

London E1 1BJ

Email: [complaints@towerhamlets.gov.uk](mailto:complaints@towerhamlets.gov.uk)