**Parents/Carers referral for an EHC Need (EHC) Assessment**

1. **CHILD/YOUNG PERSON’S DETAILS**

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| **Forename:** |  | **Surname:** |  |
| **Home address:** |  |
| **Date of Birth:** |  | **Gender:** |  |
| **Ethnicity:** |  | **Religion:** |  |
| **Languages spoken at home:** |  | **Is interpretation required?** |  |
|  |
| **Name of Parent/Carer :** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Email address:** |  |
| **My preferred method of communication is:** | **Email Letters through the post** |
| By law, we also have to know if anyone else has parental/carer responsibility for your child/young person. Please write their names and addresses and contact details below |
| **Name of Parent/ Carer :** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Email address:** |  |
| **My preferred method of communication is:** | **Email Letters through the post** |
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| **Name of Educational Setting:** |  |
| **Setting Address:** |  |
| **Year Group at time of request:** |  | **Unique Pupil Number:** |  |
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| **Name of GP Surgery:** |  | **NHS Number:** |  |
| **Address of GP Surgery\*:** |  |

\*Please note, GP information must be completed to progress this request

1. **Information on child/young person’s educational needs**

Please answer the following questions:

Parents/Carer please note that extra space to answer these questions can be found at the end of this form or you can send additional sheets of information if you wish.

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| **What do you think your child/young person is good at and what do you think are some of the challenges they face?** |
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| **Your child/ young person’s journey- How did they get to this point? Where were they born? Who do they live with? What else should people know about your child?** |
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| **What do others like and admire about them?** |
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| **What would you like to see your child/ young person achieve?** |
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| **A summary of how the child /young person communicates and how to engage them in decision-making. [How they need to be supported to be heard and understood]** |
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| **What do you feel is working well at the current educational placement (where applicable)** |
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| **What do you feel is not working well at the current educational placement?** |
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| **What support has your child/young person received, if any?** |
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| **What support do you think they need?** |
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| **How do you think an Education Health and Care Plan would help your child/young person in their educational placement?** |
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| **What are your aspirations for your child/young person e.g. education, play, health, friendships, sixth form, further education, independent living, university and employment.** |
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1. **Information on Health and Social Care**

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| **Do your child/young person’s difficulties impact your family at home?** (If so, please say how) |
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| **Are you receiving support from social care**? (If so, please provide details including the name of your social worker and details of the support provided) |
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| **Is there any further social care support you feel is needed to support your child/young person’s learning needs?** |
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| **Does your child/ young person have health difficulties that impact them at home and/ or at an educational setting?** (If so, please provide details) |
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| **What support, if any, is your child/young person receiving from the health service either at home, clinics and/or at an educational setting?** (This may include support from your GP, Therapy Services, Paediatrician, Mental Health Services, community nursing or other specialist. Please provide details of the support provided) |
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**\***Please make sure any professionals listed above are added to the table outlining *Key professionals* involved in providing support

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| **What health support do you feel is needed to support your child/young person’s learning needs?** |
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1. **Contact details**

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| Which other services are working with your child/young person. Please give names and contact details if you have them: |
| Education: |
| Health: |
| Social Care: |
| Other: |

1. **Wider support**

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| Support network around the child/young person: |
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| How to support us as a family: |
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| Who are the important people in their life? |
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You are providing your information to Brent Council, contact details sen.assessments@brent.gov.uk . The Council’s Data Protection Officer can be contacted via dpo@brent.gov.uk , or 020 937 1402.

Your information is collected for the purpose of a Statutory Assessment of your child’s Special Educational Needs, as required to fulfil the council’s duties under The Children and Families Act 2014.

By providing consent, you will be giving the local authority permission to share information about you/your child for the following purposes:

* To gather information and evidence to aid us to make a decision about whether to carry out an Education Health Care (EHC) needs assessment
* To share information as part of an EHC needs assessment
* To disclose the EHCP and any supporting information to agencies and individuals who are responsible for commissioning or delivering provision as set out in the EHCP including for the purposes of consulting with all future prospective educational settings
* To share information as part of an annual review of an EHCP
* To commission providers of therapy and services to support your child’s Special Educational Needs

The information may be shared with and obtained from:

* Your child’s current educational establishment or from a teacher
* The teacher for Visually Impaired and/or the teacher for Hearing Impaired if your child is either visually or hearing impaired or both
* Health Care professionals within the National Health Service
* The Brent Educational Psychology Service
* Social Care
* Youth Offending Team, if your child is known

The information shall be retained for up to 35 years from closure and shall be processed in adherence to your legal rights, including but not limited to the right to withdraw consent, right to copies of your information and right to be forgotten. If you are dissatisfied with the processing of your information, you can raise your concern with the council’s data protection officer. You have a right to lodge a complaint with the Information Commissioner’s Office ([www.ico.org.uk](http://www.ico.org.uk)).

Further information can be found at [www.brent.gov.uk/privacy](http://www.brent.gov.uk/privacy)

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| Please return the completed form to sen.assessments@brent.gov.uk You may also attach information from professionals and other people working with your child if you wish.*Please write any additional information you wish to add below and continue on a separate sheet if necessary.* |

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| Signature (parent/carer): | Print name: | Date: |