



Special Educational Needs and Disabilities (SEND)

Parents' request for an Education Health Care (EHC) Needs Assessment

You can find out more about Education Health and Care Plans on the Local Offer webpage at www.telfordsend.org.uk or contact 01952 385385

If you want to talk to someone who is independent and knows about special needs, you can get help from Information Advice Support Service (IASS) who can be contacted on 01952 457176 Email: info@iass.org.uk .Website: www.telfordsendiass.org.uk
Please do not worry if you cannot complete all the boxes, but the more information you give, the faster we can respond.

The 20 week assessment process starts once the form is received with the SEND Team. You will receive confirmation when it has been received.

Please use one of the following options to send this form to us:

Print this form, complete it and post it to:

SEND Team

Darby House

Telford

TF3 4JA

01952 385399

SENDandInclusion@telford.gov.uk

Your child's name:

Date of birth:

Parent / Carer / Guardian names:

①

②

Is your child a Looked After Child?

(The Local Authority has parental responsibility)

Yes / No

Address:

What is your child / young person's religion?

What is your child / young person's ethnicity?

What is first language?
(Main language spoken at home?)

Contact Telephone Number(s):

Email:

Preferred Method (and time) of Contact:

It is very important that we have full information about your child / young person's special needs and disabilities.

The information that you put on this form will be shared with all the professionals that work with your child / young person's

Please tick if your child/young person attends any of the following:

(If applicable, please give details)

☐ Playgroup	☐ Preschool	☐ School
☐ Nursery	☐ Toddler Group	☐ Work
☐ Sixth Form	☐ College	☐ Home Educated
☐ Clubs		
☐ Training provider		
☐ Child Development Centre		
☐ Other:		

Name of nursery / school / sixth form / college or other educational placement:

(If applicable)

Year Group:

Please tick any services that you are aware your child / young person is using or is known to:

- | | |
|---|--|
| ☐ Physiotherapy | ☐ Paediatrician |
| ☐ Occupational Therapy | ☐ Speech and Language |
| ☐ Orthotics | ☐ Sensory Inclusion Service |
| ☐ Disabled Children's Team | ☐ Educational Psychology |
| ☐ Wheelchair Services | ☐ Dyslexia Specialist |
| ☐ Children's Community Nursing | ☐ Other – please give details |
| ☐ Bee U | |
| ☐ Ophthalmology (in hospital eye care) | |

Diagnosis / Conditions:

(If applicable)

If you require more room please use the text box on pg 5.

Name and address of Registered GP:

Your general views

What does your child / young person need support with at school or placement? How do you think this can best be given? Are there things that have worked well before at home or at school that are not in place now?

For how long have your child / young person's difficulties presented?

What is your child / young person's good at or what does he/she enjoy doing?

What does your child / young person's worry about? What are your worries or concerns?

For support contact IASS on 01952 457176

Continue on additional pages if required.

Parental views, wishes and aspirations

What are your hopes and aspirations for the future?
<i>(Include details about goals for the short and long term. Where appropriate consideration should be given to a young person's aspiration for paid employment, independent living and community participation).</i>
Short term aspirations. (What are you hoping for soon?)
Long Term aspirations (What are you hoping for in the future?)
What do you think is working well at the moment?
<i>(Include details about what is happening in school or other educational setting, community activity, interests and clubs)</i>
Any services supporting the family? (i.e., Inclusion & Support, social care, Early Help, Disabled Children's Team)
Other people who help us. (i.e., extended family, community groups, parent groups)

Child Views – One Page Profile

Please gather what is important to your child or young person, what activities and hobbies they like, important people to them, what they don't like, how they feel about school, who helps them and what they would like to get better at using a one page profile. You are able to attach this as a separate document rather than include it in the EHC needs assessment form if you prefer

Medical Questionnaire



Protect, care and invest
to create a better borough



Medical Questionnaire To inform an Education, Health and Care Assessment

As part of the Education, Health and Care Assessment process, the Local Authority is required to seek health advice. This is because we need to find out whether or not your child's learning at school is affected by a health condition. The medical questionnaire will be looked at by a qualified health professional.

In most cases filling in the form gives us all of the information we need and a separate medical appointment may not be necessary. In some cases, we may tell the local authority to ask another agency for more information about the conditions you have described, especially mental health conditions.

If after reading all the information in the child's Education, Health and Care request paperwork, the community children's doctor feels a medical examination is needed, your child will be offered an appointment. The purpose of this medical appointment is to let the local authority know about existing physical health needs that may impact on your child in school and is not intended to be for any diagnostic purpose. Please don't be concerned about being invited to come to meet the Children's Doctor.

It would therefore be helpful if you would complete and return this form to us via the school, who will return it with the other documents you are completing to the Local Authority

Personal Details:

Full Name of Child:	
Date of Birth:	

NHS Number:		
Person with parental responsibility (please state relationship to child):		
Address:		
Telephone Number:	Home:	Mobile:
School:		
Name of General Practitioner		
Address of medical practice		

Medical History:

Does your child have a formal diagnosis of any medical conditions including mental health condition? Please attach diagnostic letter and relevant correspondence
Do you have any concerns regarding your child's health?

Does your child receive any ongoing input from any health services or are they on a health service waiting list? If so please give the details
Is your child known to any other Health care professionals? If so please include the names of the people your child sees and what they do? Is your child on any waiting lists eg SLT
Does your child have an Individual Health Care Plan developed by their school eg for eczema/asthma/allergies/epilepsy? If yes please provide details.
Is your child on any medical treatment? Please give the name (s). If any needs to be given when your child will be attending the education setting please also state this as well as doses and times to be given.
Does your child's health pose any risk to themselves or to others whilst in school? If so, what?

Is there anything else you think we should know?

Parental Responsibility Declaration

We are/I am happy that the information we/I have given describes my/our child's current health/medical needs.

NB. In filling in an assessment request for an Education, Health and Care Plan the Local Authority is entitled to seek medical advice from a Paediatrician and other health professionals. You may be asked to attend a Medical Appointment for this purpose if the Community Children's Doctor thinks it would be useful for your EHCP assessment. He or she may also telephone you if there are just a few things that need to be asked.

Signed: _____ (Parent/Carer)

Signed: _____ (Parent/Carer)

Date: _____

Declaration completed by a young person aged 16 or over (as appropriate)

I am happy that the information I have given describes my current health/medical needs. **NB.** In filling in an assessment request for an Education, Health and Care Plan the Local Authority is entitled to seek medical advice from a Paediatrician and other health professionals. You may be asked to attend a Medical Appointment for this purpose if the Community Children's Doctor thinks it would be useful for your EHCP assessment. He or she may also telephone you if there are just a few things that need to be asked.

Signed: _____ (Young Person)

Date: _____

Is there any other information you would like to give?

Major / significant events that might have affected your child / young person's?

Is there an Early Help and Support Planning Meeting and Assessment around the child ongoing with the family?

Reports from other people – please share copies of any reports that you think may help us to understand your child's special educational needs.

Is there anything else you want to tell us that you feel is important?

Continue on additional pages if required.

Declaration of Parent/Carer/Young Person

- ☐ 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 educational placement, health services, social care or other professionals to obtain information.
- ☐ I/we understand that an Education, Health and Care Plan will only be issued by the Local Authority in circumstances where the EHC assessment concludes that it is necessary for special educational provision to be made for a child or young person in accordance with an EHC plan.
- ☐ I/we have worked in partnership with the school to help my/our child.
- ☐ I/we support the school's view that an EHC needs assessment of my/our child should be carried out.
- ☐ I/we agree to any assessments by professionals to take place
- ☐ I/we agree with the process taking place and papers being shared with schools and professionals where and when appropriate.

Is there any individual or organisation you would not wish information to be shared with?

Please give name and reasons why:

Privacy Notice under the Data Protection Act

Telford & Wrekin Council are collecting Personal Identifiable Information to enable the best possible advice and support to be provided and to meet the statutory requirements under the Children and Families Act 2014. We need to collect this information in order to consider your request for an Education Health Care Needs Assessment. This information is being processed under DPA – Schedule 2 (2a) (GDPR 2018 -Article 6 (1) (c), Article 6(1)(e) and Article 9(2)(g).

Telford & Wrekin Council will not share any Personal Identifiable Information collected with external organisations unless required to do so by law. However, this information will be shared within Telford & Wrekin Council and partners agencies (Department of Education, NHS, Schools/settings, and Early Years providers) solely for the purpose of providing support to you and your family. For further details on the council's privacy arrangements please view the privacy page on the council's website page <http://www.telford.gov.uk/terms>

Signed*

Date:

Please print your name(s):

*** Important**

This completed form must be returned to us/ uploaded with the actual consent signature(s).

If you think of something else you want to tell us after you have sent this form in, please don't worry, you can tell us later in the process.

Thank you for completing this form.

Please return by email to sendandinclusion@telford.gov.uk

Or by post to Telford SEND Team, Darby House, Lawn Court, Telford TF3 4JA