**Education Health and Care Needs Assessment**

**Parental Request Form**

***This document is a formal request for a statutory education, health, care (EHC) needs assessment for the child / young person as outlined below.***

Please Tick:

[ ]  *This has been written by the Parent / Guardian.*

[ ]  *This has been written on the behalf of the parent with their permission and consent gained.*

[ ]  *The* ***consent*** *form has been completed and returned with this request*

[ ]  *The* ***medical questionnaire*** *has been completed and returned with this request*

***Note:*** *The rights of the carer or guardian may differ should the child be in Care e.g., in a foster placement, in the care of the authority etc. Consent will be requested from the appropriate person or authority.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of child:** |  | **Date of birth** | Click here to enter a date. |
| **Gender****Gender at birth (if different)** |  | **Preferred Pronoun** |  |
| **Child’s first language** |  | **Ethnicity** |  |
| **Parent Carer / Guardian Names:** | **1)** | **2)** |
| **Does this person have parental responsibility (PR)? (Please tick):** | [ ]  | [ ]  |
| **Address and contact details**  | **Address:**  | **Mob phone:****Email:**  |
| **If those detailed above do not have PR, who does? Please provide details:** | **Name:****Relationship to child:**  | **Mob phone:****Email:**  |
| **Your child’s educational needs:** | **Please provide a brief description of your child’s educational needs:****Does your child have a specific diagnosis?** [ ]  If yes, please provide details: |
| **Does your child attend an education setting? (including nursery and pre-school)**(please tick) [ ]  | **If yes, please provide details:****Name of setting:****Address:****Contact number:** |
| **Please tick if this child / attends any of the following:**(If applicable, please give details) | [ ]  play Group | ☐ Family centre  |
|  ☐ Toddler Group   | ☐ Others: |
| **Please list any health services that you are aware your child is known to:***EG CAMHS,**Physiotherapy,**Speech and Language Therapy* |  |
|  |
| **Has an Early Help assessment ever been completed?** **Is an Early Help plan in place?** (please tick) [ ]  | **If yes, please provide brief details:** |
| **Does your child currently receive any involvement from Social Care?**(please tick) [ ]  | **If yes, provide name and contact details of your child’s current social worker:** |
| **Any additional information which you think may be useful:** |  |
| **Completed with the support of**(If applicable) | **Name:Relationship to Parent/Carer:**  |
| **Parent Signature:** |  | **Date:** Click here to enter a date. |

\*Please provide details for **all** adults with parental responsibility. This will normally be both birth parents. Where a parent no longer has parental responsibility to make decisions in respect of their child’s education, health or care please provide details of any court order or care order. Where you do not have contact information please indicate this

***Once completed please return with the consent form, medical questionnaire to the SEN team***

***senteam@dudley.gov.uk***

***SEND Team, Ladies Walk Centre, Ladies Walk, Sedgley, DY3 3UA.***