



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 and Support Service or Independent Support 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

cssadmininbox@telford.gov.uk

Your child's name:

Date of birth:

Parent / Carer / Guardian names:

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?

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:

- | | |
|--|--|
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Paediatrician |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Speech and Language |
| <input type="checkbox"/> Orthotics | <input type="checkbox"/> Sensory Inclusion Service |
| <input type="checkbox"/> Disabled Children's Team | <input type="checkbox"/> Educational Psychology |
| <input type="checkbox"/> Wheelchair Services | <input type="checkbox"/> Dyslexia Specialist |
| <input type="checkbox"/> Children's Community Nursing | <input type="checkbox"/> Other – please give details |
| <input type="checkbox"/> CAMHS (Children and Adolescent Mental Health Service) | |
| <input type="checkbox"/> 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 more examples visit http://www.telfordsend.org.uk/localofferservices/info/1/home/9/what_is_an_education_health_and_care_plan or for support contact Independent Supporters on 01952 457176

Continue on additional pages if required.

Is there any other information you would like to give?

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

Is there a Common Assessment Framework (CAF) / Team around the child (TAC) 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.

Contact Telephone Number(s):

Email:

Preferred Method (and time) of Contact:

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 be agreed by the Local Authority **only** in circumstances where the EHC needs assessment concludes that my/our child has educational needs which are long term, severe and complex.
- 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:

Signed:

Consent: *

Date:

Please print your name(s):

*** Important**

If this completed form is being uploaded without the actual consent signatures, please indicate that consent has been given by ticking the box.

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.