**Insert your address**

**Telephone number**

**Email address**

Oxfordshire County Council

**[Insert date]**

**REQUEST FOR AN EDUCATION, HEALTH AND CARE NEEDS ASSESSMENT**

Please tick the relevant statements

I am the parent of .………………………………. and am writing to request an Education, Health and Care needs assessment under section 36 of the Children and Families Act 2014.

**Or**

☐ My name is ……………………………………., I am 16 or over and am writing to request an Education, Health and Care needs assessment under section 36 of the Children and Families Act 2014.

I have completed the application form as evidence in support of my request**.**

I confirm that an Education, Health and Care needs assessment has not been undertaken during the previous six months.

**Or**

Although an Education, Health and Care needs assessment has been completed within 6 months I consider it is necessary for a further assessment to be undertaken because …. *(please specify)*

I look forward to hearing from you within the six weeks statutory timeframe.

Please kindly acknowledge receipt of this letter by return.

Yours faithfully

**[insert name]**

|  |
| --- |
|  |

**Application Form:**

**Education, Health and Care Needs Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| Application for |  | | |
| Date of birth |  | Year group |  |
| Completed by |  | | |
| Relationship to child or young person if applicable |  | | |
| Date of application |  | | |
| Date application received by SEN team |  | | |

**There is support and guidance available to help with completing this application:**

* Please see the [Local Offer](https://www.oxfordshire.gov.uk/localoffer) for Oxfordshire, available through the Oxfordshire County Council website, for advice and guidance on applying for an [Education, Health and Care](https://www.oxfordshire.gov.uk/cms/public-site/education-health-and-care-plans) Needs Assessment and the support available.
* It may be helpful to discuss your intention to apply with [SENDIASS](https://www.oxfordshire.gov.uk/cms/public-site/sendiass-oxfordshire-formerly-parent-partnership) (**01865 810516)** as they can provide useful guidance and advice. They can also organise for Independent Supporters to assist you.
* You can also contact the special educational needs case work team who are available to support you in preparing your application. Please email [SEN@Oxfordshire.gov.uk](mailto:SEN@Oxfordshire.gov.uk)

This application form can be submitted by emailing the completed form to [EHCPApplications@Oxfordshire.gov.uk](mailto:EHCPApplications@Oxfordshire.gov.uk) or you can post it to your [local SEN team.](https://www.oxfordshire.gov.uk/cms/content/contact-special-educational-needs-casework-teams)

Applications can also be made by a child or young person’s educational setting; you may wish to contact your child's or young person's setting, school or college and ask them to submit an application on your behalf.

**Why is an Education, Health and Care Needs Assessment being requested at this time?**

|  |
| --- |
|  |

**Contents of the Application Form**

|  |  |
| --- | --- |
| **Part 1** | **Personal Details** |
|  | This contains personal information relating to the child or young person and their family members and carers. |
| **Part 2** | **‘All About Me’** |
|  | This section is to record the views, interests and ambitions of the child or young person. There is guidance on how this can be gathered available through the [local offer.](https://www.oxfordshire.gov.uk/localoffer) |
| **Part 3** | **Education, Health and/or Care needs and Medical Questionnaire** |
|  | This section includes a description of the child or young person’s needs and provides room to detail any reports that can then be submitted alongside the application. The special education needs coordinator (often called a SENCO) at your child's or young person's setting, school or college can help to gather this information. We will contact them for further information if needed.  The Local Authority is also required to obtain information from health professionals so they can find out whether any medical condition affects your child’s learning. This information is referred to as ‘medical advice.*’* The completion of the **Medical Questionnaire** is helpful in obtaining this information quickly. **Your signature** is required on this section to enable the Local Authority and NHS to share information about your child or yourself, if over 16, so that a full and accurate assessment of all needs can be completed. |
| **Part 4** | **Current support in place for your child or young person** |
|  | This section seeks details about the services and funding used to support the child or young person’s special needs. We need to know about what effect that support has had and your child or young person’s rate of progress. |
| **Part 5** | **Additional considerations** |
|  | Description of any other factors that you feel could be relevant to the application. |

|  |  |
| --- | --- |
| **Part 6** | **Consent and Information Sharing** |

Parent or young person 16 years or over **must sign** to give consent for the assessment to be considered and details of how information will be stored and shared.

**Part 1: Personal Details**

**The child or Young Person**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name |  | | Date of birth |  |
| Address |  | | | |
| Nationality |  | | Looked After Child |  |
| Languages  or preferred method of communication |  | | Interpretation needed |  |
| Mobile number of young person if over 16  *(optional)* |  | | Email Address of young person if over 16  *(optional)* |  |
| Name of current setting or school | |  | | |

**The parents or carers**

|  |  |  |
| --- | --- | --- |
|  | Parent/Carer | Parent/Carer |
| Names |  |  |
| Address |  |  |
| Telephone |  |  |
| Mobile |  |  |
| Email address |  |  |
| Languages  or preferred method of communication |  |  |
| Parental Responsibility | Delete as appropriate  Yes / No | Delete as appropriate  Yes / No |
| Interpretation needed | Delete as appropriate:  Yes / No | Delete as appropriate:  Yes / No |

**Part 2: ‘All About Me’**

This section is to record the views, interests and ideas of the child or young person and his or her family. Click [**here**](https://www.oxfordshire.gov.uk/cms/content/education-health-and-care-plan-assessment) to see ways this information can be gathered and recorded or visit:

<https://www.oxfordshire.gov.uk/cms/content/education-health-and-care-plan-assessment>

**Views of …………………………………….**

|  |
| --- |
|  |
|  |
| I did this with: |

Add additional pages if necessary

**Part 2: ‘All About Me’: My family's views**

|  |
| --- |
|  |
| **Summary**  **My/our hopes and aspirations for the future:** |
| Name of the person completing this section:  Relationship to child or young person: |

Add additional pages if necessary.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part 3: Education, Health and Care needs**  **The child or young person’s needs**  Please include detailed information about your child or young person’s needs. This might include information about any diagnosis or up to date health needs, information from their last school or setting report showing their achievements and information about any care needs.   |  |  |  |  | | --- | --- | --- | --- | |  | **Information about needs** | **Date** | **Name of supporting documents attached** | | What are your child’s special needs? |  |  |  | | Language and Communication Needs  (including autism) |  |  |  | | Learning Needs |  |  |  | | Social, Emotional and Mental Health Needs  (including behaviour) |  |  |  | | Sensory and Physical Needs |  |  |  | | Health Needs  Please include details of any diagnoses. |  |  |  | | Social Care Needs |  |  |  | | List of professionals working with your child |  |  |  | |

**Medical Questionnaire**

*As part of the Education, Health and Care need assessment process, the Local Authority is required to obtain information from health professionals so they can find out whether any medical condition affects your child’s learning. This information is referred to as ‘medical advice.’ Completing this section helps to make sure the request for medical advice goes to the right person in health to avoid delays in deciding if your child needs an assessment appointment.*

|  |  |
| --- | --- |
| **Child’s NHS Number (if known)** |  |
| **Name of General Practitioner** |  |
| **Address of medical practice** |  |

**If your young person is aged 14 and over, does he/ she access the annual health check by their GP? YES/NO**

**If so, what was the date of the last appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child or young person miss school because of their health needs? YES/NO**

|  |
| --- |
| **If yes, please give more details.** |

**Medical History:**

|  |
| --- |
| **Does your child/ young person have a diagnosis or any medical conditions e.g. Asthma/Epilepsy/Hearing or Visual problems?**  **If so, how does this impact on his/her learning or day to day living?** |
|  |
| **Is he/she under the care of any hospital consultants? If so, please give the consultant’s name and the name of the hospital/clinic and the date of the last appointment.** |
| ***(Please delete as appropriate)***  **Community Paediatrician Yes/No**  **Child and Adolescent Mental Health Service (CAMHS) Yes/No**  **Adult Mental Health Service Yes/No** |
| **Is he/she known to any other Health care professionals? If so, please include the name(s) of the people your child/ young person sees.** |
|  |
| **Is your child/young person waiting for an assessment or have an appointment with any health services? If so please give the reason for assessment, name and contact details of the service.** |
|  |

**Information sharing**

**Signing the Medical Questionnaire enables the Local Authority and NHS to share information about your child so that we can complete a full and accurate assessment of all their needs.**

I/ We consent to the Designated Clinical Officer and/or administrator accessing my child’s NHS health records to contribute to the request for health advice for the purposes of the Education, Health and Care needs assessment. I agree that the information can be shared with relevant health professionals to ensure that accurate health advice is returned to the Local authority within six weeks.

|  |  |
| --- | --- |
| Name(s) of legal guardian(s) of the child/ young person |  |
| Relationship to the child/young person |  |
| Signature(s) |  |
| Date |  |

I am 16 and able to give consent

|  |  |
| --- | --- |
| Name of young person |  |
| Signature |  |
| Date |  |

|  |  |
| --- | --- |
| **Part 4. Current support in place for your child or young person**  Please include detailed information about the existing education, health and social care services and activities currently in place to support your child. It might be helpful to contact the SENCO or other appropriate professionals to help with this section.  **Education Support** | |
| List any education support, services, resources, activities etc that your child receives. Include anything coordinated through their education setting, such as after school club. | What difference has this made to your child’s development? |
|  |  |
|  |  |

**Health Support**

|  |  |
| --- | --- |
| Give details of the support provided by health services. | What difference has this made to your child? |
|  |  |

**Social Care Support**

|  |  |
| --- | --- |
| Give details of the involvement and support provided by Children’s or Adult’s Social Care, including provision delivered through the community by LCSS and Early Help e.g. TAF | What difference has this made to your child? |
|  |  |

|  |
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**Part 5: Additional Considerations**

Please add any additional information that you feel should be considered. For a young person aged over 18 please explain why additional time is needed to complete formal education or training.

|  |
| --- |
|  |

**Part 6: Consent**

Parent or carer agreement for consideration to assess:

|  |
| --- |
| I would like an EHC needs assessment for my child …………………………………    to be requested  Name ……………………………………Name …………………………………….  Signed ……………………………………Signed …………………………………….  Date ………………………… Date: …………………………. |

16 years and over young person’s agreement for consideration to assess:

|  |
| --- |
| I would like to request an assessment of my Education, Health and Care needs.  Name: …………………………………...Signed ………………………………………  Date: …………………………. |

If you are unsure about signing this page at this time, please contact SENDIASS to discuss your application and any concerns or queries you may have.

**Contact telephone number: 01865 810516**

**Information storage and sharing**

The information in this form will enable professionals to understand what help your child or young person may need. It will be necessary to share this information with appropriate professionals as part of the assessment, should one be made. This could include (but is not necessarily limited to) the Educational Psychology Service, health services including Child & Adolescent Mental Health Services (CAMHS), and Community Paediatricians and social care services. The local authority may also engage the services of practitioners in the private sector to assist with the assessment and or drafting of the plan. In all cases these providers will have been subject to a confidentiality risk assessment undertaken by the local authority’s Information Management team.

Our [Privacy Notice](https://www2.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/aboutyourcouncil/corporateovernance/GenericPrivacyNotice.pdf) is designed to explain how and why information about you will be used and stored by Oxfordshire County Council.

**Preferred method of communication**

During the application process Oxfordshire County Council will need to contact you.

Please specify your preferred method of receiving communication from the council.

email  hard copy (paper letters)  both email and hard copy

**Secure Communication:**

Oxfordshire County Council uses a secure system called Egress Switch for sending information.  It's free to sign up and simple to use when you send messages to us. Please be aware that if you choose to communicate with us by email without signing up your information may not be sent securely.

More details and support can be found on the Egress Website [www.egress.com](http://www.egress.com)