# STUDENT REQUEST FOR AN EDUCATION, HEALTH AND CARE NEEDS ASSESSMENT

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| **Student’s name:** |       | **Gender:** |       |
| **Date of Birth:** |       | **Religion:** |       |
| **Ethnicity:** |       |
| **Current Year Group:**       | **Name of Setting Attended:**       |
| **Home Address:**       | **Setting Address:**       |
| **Post Code:** |       | **Post Code:** |       |
| **Telephone No:** |       | **Telephone No:** |       |
| **What course are you studying and at what level?**      |
| **Name of person(s) with parental responsibility:**       | **Name of person(s) with parental responsibility:**       |
| **Relationship:** |       | **Relationship:** |       |
| **Address:**       | **Address:**       |
| **Post Code:** |       | **Post Code:** |       |
| **Contact No:** |       | **Contact No:** |       |
| **e-mail:** |       | **e-mail:** |       |
| **Siblings/place in family:**       |
| **Languages spoken at home:** |       |
| **Interpreter required:** | **Yes [ ]  No [ ]**  | **If yes, which language?** |       |
| **Date of admission to setting:** |       | **Head Teacher/SENCo:**  |       |

**Reason for Education, Health and Care Needs Assessment**

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| **Why do you require an EHC Needs Assessment?**      |
| **What is the impact of your difficulties on your learning?**       |
| **What is working well currently for you?**      |
| **What isn’t working well currently for you?**       |
| **What special provision has been made to meet your educational needs?**      |
| **Have you discussed this request with your educational setting?** **Yes [ ]  No [ ]** **If No, please explain why you have not?** |

**Social Care Provision**

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| **Are you known to Social Care?** | **Yes [ ]  No [ ]**  |
| **If yes, please name the team and social worker?**      |
| **What is your status?****Child in Need [ ]  Subject of Child Protection Plan [ ]  Looked After [ ]**  |
| **Does you or your family receive any support from any of the Early Help teams?** | **Yes [ ]  No [ ]**  |
| **If yes, please give details?**      |
| **Does you have access to short breaks or respite provision?**  | **Yes [ ]  No [ ]**  |
| **If yes, please give details?**      |

**Who already knows you and may be working with you?**

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| **Service** | **Contact name/phone number/email** | **Reason for involvement** | **Date of last involvement** |
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| You can get further guidance from the Special Educational Needs (SEN) booklet which is available electronically on the Government education website entitled 'Special educational needs and disabilities: A guide for parents and carers’ <https://www.gov.uk/government/publications/send-guide-for-parents-and-carers>or the [Easy Read Guide](https://www.mencap.org.uk/sites/default/files/2016-08/Changes%20to%20SEN%20reforms%20guide%20for%20children%20and%20young%20people_0.pdf) A copy of these booklets are also available on the [Haringey Local Offer](http://www.haringey.gov.uk/children-and-families/children-and-young-people-special-educational-needs-and-disabilities-our-local-offer).  |

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| **I agree to this request for Statutory EHC Needs Assessment and agree to Haringey Council sharing this information with relevant agencies.** **Data Protection Statement:** Haringey Council will use the information provided in this form for the purpose of deciding whether or not to conduct an Education, Health and Care Needs assessment for the above named child. Haringey Council also maintains and uses information collected from children and families for whom it provides services to enable it to carry out specific functions for which it is responsible. Your personal information, including sensitive personal information (as defined by the Data Protection Act) may be shared with internal departments or with external partners and agencies involved in delivering statutory and other services. Haringey Council will only process your personal information for the purpose for which it was collected unless additional processing is required by law or in circumstances where the relevant conditions within the Data Protection Act (1998) are satisfied. I hereby confirm that I have read and understood the above statement and consent to the information I have provided being processed by Haringey Council in accordance with the Data Protection Act (1998).  |
| **Signature** |  | **Date** |  |
| Please send this form to sen@haringey.gov.uk. |