

Parent/Carer/Young Person's Request to carry out an Education, Health and Care needs Assessment

This request is made in accordance with section 36 of the Children and Families Act 2014.

Person making request (Please tick)

Parent/Carer <input type="checkbox"/>	Young Person 16+ <input type="checkbox"/>
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Child/Young Person's Details

Young person's Full name:	Date of Birth:
Address:	Educational Setting Name:
	Year Group:

Parent / Carer Details

2nd Parent / Carer:

Name:	
Relationship:	
Contact Details:	
Address (if different)	

Special Educational Needs – Please indicate the difficulties which you consider are acting as barriers to curriculum access and progress (please tick & state which you consider is the main category of need)

Communication and Interaction <input type="checkbox"/>	Cognition and Learning <input type="checkbox"/>
Social Emotional and Mental Health Difficulties <input type="checkbox"/>	Sensory and/or Physical needs <input type="checkbox"/>

Please indicate if the young person is/you are receiving any support from education support services (e.g. Educational Psychologist, Specialist Teacher), health and/or social care (if reports are available please attach and indicate in the table)

Name	Contact Details	Details of Support/Services Provided	Report Attached

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I would like to consider my/ my child's special educational needs. I give you permission to contact my/ my child's educational placement, health services, social care or other professionals to obtain information about me/them. All information provided is, and will remain, confidential, and is held in accordance with the Data Protection Act 1998

Give further detail of the young person's/your needs and detail why you feel an Education, Health and Care Needs Assessment is necessary in relation to the following: (Please attach any relevant school and professional reports and continue on an additional sheet if necessary):

1. **A summary of the young person's difficulties**
2. **The educational outcomes you believe are not being met**
3. **The support you believe is required**

Signature:	Signature:
Date:	Date:
Please return this form, together with any reports to: Children & Young people's Services, Additional Needs, Administration Service, Atlas House, Corporation Street, St Helens, Merseyside, WA9 1LD.	

Office Use	Date Received:	Response due by:
		Panel Date: