**RA.1**



# Parent request to carry out an Education, Health and Care Assessment Form

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

This document is supplementary evidence for any young person who is over 16. The young person or child must complete a form giving their view and consent \*

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| The personal details of the child or young person: | | | |
| Name: |  | | |
| Date of Birth: |  | Gender: |  |
| Home Address: |  | | |
| Proof of Address: Please attach copies of recent council tax documents or tenancy agreement and a household utility bill (less than three months old). If you would like more guidance on this and/or advice on other documents you can use please contact SENDenquiries@Croydon.gov.uk | | | |
| Ethnicity: |  | Religion: |  |
| Home Language: |  | | |
| Setting/ School / College: |  | | |
| Date of Admission: |  | Year Group: |  |
| NHS Number: |  | | |

\* *The only exception is when the child or young person is deemed not to have mental capacity under the Mental Capacity Act (2007)*

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| Parent/Carer Information: |  |  | |
| Name of parent(s)/Person with parental responsibility: |  |  | |
| Address: |  |  | |
| Telephone Numbers: | Home:  Mobile: |  | |
| Email Address: |  |  | |
| How would you prefer to the contacted? | Phone:  Email: |  | |
| 2nd Parent/Carer Name: |  |  | |
| Address if different: |  |  | |
| Telephone Numbers: | Home:  Mobile: |  | |
| Email Address: |  |  | |
| Child Looked After:  (delete as applicable) | Y  N | **\***Local Authority responsible: |  |
| \*Social worker name and contact details: |  |  | |

\**If applicable* **Reason for making a request for an EHC assessment**

In order to help us understand why you are making this request please provide a brief history of your child’s needs, their difficulties and their strengths, as well as any progress made. You can include comments about health, eating/sleeping, development milestones, social skills and relationships, attitude to school, participation in extracurricular activities as well as their progress in school and any difficulties you feel they have in accessing learning and the curriculum.

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

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| --- | --- | --- | --- |
| Name | Contact details | Details of support/ services provided | Report Attached |
|  |  |  |  |
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**Further details**

What are the reasons you think that an Education, Health and Care Plan could be helpful to your child and how it might help your child to become the person that you want them to be. What is it that is not working for you your child right now and how might having a plan make this better for your child? What support do you think is required, that your child is not receiving now?

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**Have you discussed your concerns with the school and what was their response? Please provide details:**

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**Anything else you would like us to know?**

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I/We would like you to consider my child’s special educational needs. I/we give you permission to contact my child’s educational placement, health services, social care or other professionals to obtain information about them.

**Signature:** **Signature:**

Date: Date:

**Please send this completed form, together with all supporting/additional documents to: SENenquiries@croydon.gov.uk**

**Alternatively mail to:**

**0-25 SEND Service**

**Floor 2, Zone D**

**Bernard Weatherill House**

**8 Mint Walk**

**Croydon CR0 1EA**

***For more help and assistance completing this form please contact:***

## SEND Information, Advice and Support Service (SENDIASS) Helpline: 02086635630 Email: Croydon@kids.org.uk

**For Office Use Only**

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| --- | --- | --- |
| Date Received: |  | Response due by: |
| Officer: |  | |
| Proof of Residency Confirmed: |  | |