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

**Person making request (please tick)**

|  |  |
| --- | --- |
| **Parent/Carer** |[ ]  **Young Person (16+)** |[ ]

**Child or Young Person’s Details**

|  |  |  |
| --- | --- | --- |
| **Child/Young person’s Full Name:**  | **Date of Birth:**  |  |
|  | **Educational Setting Name:**  |  |
| **Year Group:** |  |

**Parent / Carer Details**

|  |  |
| --- | --- |
| **1st Parent/Carer** | **2nd Parent/Carer** |
| **Name:**  |  | **Name:**  |  |
| **Relationship:** |  | **Relationship:** |  |
| **Contact Details:** |  | **Contact Details:** |  |
| **Address:** |  | **Address (if different):** |  |

**Special Educational Needs – please indicate the difficulties which you consider are acting barriers to curriculum access and progress (please tick).**

**If you need some more information about areas of need, please see the Kirklees Local Offer – I am New to SEND area – (**[**kirkleeslocaloffer.org.uk/i-am-new-to-send**](https://www.kirkleeslocaloffer.org.uk/i-am-new-to-send/)**)**

|  |  |
| --- | --- |
| **Communication & Interaction** |[ ]  **Cognition & Learning** |[ ]
| **Social & Emotional** |[ ]  **Sensory and/or Physical Needs** |[ ]

**Please indicate if the you/your child/young person is receiving any support from education support services (Educational Psychologist, Specialist Outreach or 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** |
|  |  |  |[ ]
|  |  |  |[ ]
|  |  |  |[ ]

**Give further detail of your/your child/young person’s needs and detail why you feel an Education, Health and Care (EHC) Assessment is necessary:** (please attach any additional relevant and professional reports and continue on an additional sheet if necessary):

|  |
| --- |
|  |

|  |
| --- |
| **I/We would like you to consider my/my child/young person’s special educational needs. I/we give you permission to contact my/my child/young person’s educational placement, health services, social care or other professionals to obtain information about me/them.** |
| **1st Parent/carer** |
| **Signature:** |  | **Date:** |  |
| **2nd Parent/carer** |
| **Signature:** |  | **Date:** |  |

*After compulsory school age (the end of the academic year in which they turn 16) the right to make requests and decisions under the Children and Families Act 2014 applies to young people directly rather than to their parents. Parents, or other family members, can continue to support young people in making decisions, or act on their behalf, provided that the young person is happy for them to do so.*

**This form must be signed, where possible, by the young person if they are over the age of 16.**

|  |
| --- |
| **I confirm that I am happy for my parent/carer to support me through the assessment process. Please tick yes or no in the box below.** |
| **Yes** |[ ]  **No** |[ ]
| **Young Person****Signature** |  | **Date** |  |

Please return this form, together with any reports to:

**Kirklees Council**

**Education, Safeguarding and Inclusion**

**SEND Assessment & Commissioning Team**

**PO Box 1720**

**HUDDERSFIELD**

**HD1 9EL**

**Tel: 01484 456888**

Or via email to senact@kirklees.gov.uk

|  |  |
| --- | --- |
| Date Received: | Response due by: |
| Officer: | Panel Date: |

**Office Use:**