**Request to carry out an Education, Health and Care (EHC) Assessment Form**

**(for Parent/Carer or Young Person)**

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

**Person Making Request** (please tick) ****

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| --- | --- |
| Parent/Carer:  | Young Person 16+ |

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

**Child/Young Person’s Details**

**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 barriers to curriculum access and progress** (please tick)

|  |  |
| --- | --- |
| Communication and Interaction | Cognition and Learning |
| Social and 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 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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| **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 in relation to the following:**  (please attach any 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.

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: SENACT, Kirkgate Buildings, Byram Street, Huddersfield HD1 1BY

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

**Office Use:**