Please indicate if this request is a:

* Shared decision following a review of the SEN Support plan
* Early Years Provider/School based decision

When submitting the request for an Education, Health and Care needs Assessment please check the following are included:

|  |  |
| --- | --- |
|  | Tick√ |
| SEN Support plan in place and 2 cycles of APDR completed |  |
| One Page Profile with Child/YP views updated within 6 weeks of submission) |  |
| * Where appropriate, what the child/YP thinks about the EHC needs assessment, and if they give consent for it (recorded on one page profile)
 |  |
| REHC1 Pupil Information |  |
| REHC2 Parent Consultation |  |
| REHC2b Parental Views  |  |
| Reports from Professionals/External Agencies (usually **not more than 12 months old**). |  |
| Minutes of relevant meetings e.g. TAF, PSP may be included |  |

**Remember, parents and young people may receive copies of information submitted as part of the EHC needs assessment.**

Please **do not** submit the following documentation:

* Confidential information such as Child Protection Case Conference notes, or professional correspondence without appropriate permission.
* Details which could be unhelpful or damaging to the child or young person’s interests.
* Originals documents – these are required for your school files.

|  |
| --- |
| **Pupil details** |
| Full name: |  | Date of Birth: |  | Male [ ] Female [ ]  |
| Home Address and Postcode |  | Telephone Number: |  |
| Home Language: |  | Religion: |  |
| Education Setting: (If Early Years please state which branch where applicable and telephone number): |  | Year Group: |  |
| Headteacher /Contact name if Early Years setting |  | SENCo: |  |
|  |
| **Is the pupil Looked After (LAC)? If yes, please complete the following:** |
| LAC by which Local Authority:  |  |
| Social Worker’s name:  |  |
| Address details of responsible Authority: |  | Telephone:Email: |  |
|  |
| **Main area(s) of need** (number 1 - 4 as needed) |
| Cognition and Learning |  | Communication and Interaction |  |
| Social, Emotional and Mental Health |  | Sensory and/ or Physical |  |

*Please continue overleaf*

|  |
| --- |
| **Parent/Carer 1**  |
| Title: |  | Forename: |  | Surname: |  |
| Address and postcode: |  | Subject to a successful EHC assessment, can this address be printed on EHC Plan if it is decided to issue?[ ]  Yes [ ]  No (please state reason in comments below) |
| Preferred Contact numbers: |  |
| Email: |  |
| Home Language: |  |
| \*Parental Responsibility? | [ ]  Yes [ ]  No |
| Relationship to pupil | Mother [ ]  Foster carer [ ]  Father [ ]  Other [ ]  – please state:  |
| **Parent/Carer 2**  |
| Title: |  | Forename: |  | Surname: |  |
| Address and postcode: |  | Subject to a successful EHC assessment, can this address be printed on EHC Plan if it is decided to issue?[ ]  Yes [ ]  No (please state reason in comments below) |
| Preferred Contact numbers: |  |
| Email: |  |
| Home Language: |  |
| \*Parental Responsibility? | [ ]  Yes [ ]  No |
| Relationship to pupil: | Mother [ ]  Foster carer [ ]  Father [ ]  Other [ ]  – please state:  |
| **Comments** |
|  |
| **Additional details** |
| Is either parent a member of the Armed Forces? | Yes [ ]  No [ ]  |

\* Please Note: paperwork will only be sent to Parent/Carers with parental responsibility.

**PARENT CONSULTATION**

Part 1 – To be completed by the Early Years Provider/School in partnership with the parents/guardians

|  |  |
| --- | --- |
| Pupil’s name:  | D.O.B  |
| What language should be used in documents sent to parents:  |
| Please describe any other access requirements (e.g. access to the written word, use of telephone, sign language, ability to attend meetings, etc.): |
| The process of EHC Needs Assessment has been explained to parents | Yes | [ ]  | No | [ ]  |
| Parents have received the Guidance for EHC Needs Assessment (A guide for parents and carers): | Yes | [ ]  | No | [ ]  |
| Parents have received information about SEND IAS and Independent Supporters: | Yes | [ ]  | No | [ ]  |
| Parents understand that The Local Authority may consult with other professional bodies that have had any involvement with my child in the past or present.This will / may include: Inclusion/Intervention Specialist Teachers/Workers Youth Offending Team  Physiotherapy  Occupational Therapy  Speech and Language Therapist  Educational Psychologist  Community Paediatrician  Educational setting (Early Years Provider/School) Social services  Children and Families Practices | Yes | [ ]  | No | [ ]  |

**MK Council SEND Data Protection Privacy Statement**

We collect and use information about you so that we can provide you with services under the Children and Families Act 2014 Legislation.  Full details about how we use this data and the rights you have around this can be found at <https://www.milton-keynes.gov.uk/schools-and-lifelong-learning/send-local-offer/send-privacy-notice>. If you have any data protection queries, please contact the Data Protection Officer at data.protection@milton-keynes.gov.uk

**PARENTAL VIEWS**

|  |  |
| --- | --- |
| Child’s name:  | D.O.B.  |

|  |
| --- |
| Please provide information under the following headings: |
| **Tell us about your child/young person’s education and family background:** |
|  |
| **What is important to us:** |
|  |
| **How to support us as a family:** |
|  |
| **What’s working well for your child/young person?** |
|  |
| **What we want in the future for our child/young person (think about 1 year, 5 years, adulthood)** |
|  |