REHC 1

Request for EHC Needs Assessment

**PUPIL DATA**

|  |  |  |  |
| --- | --- | --- | --- |
| Please Tick one | Setting Referral | Professional Referral | Parental Referral |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | |  | | |
|  | | | | | | | | |
| **Criteria for assessment** - Please number which criteria you believe the pupil/young person meets | | | | | | | | |
| 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.

**REHC 2**

**PARENT CONSULTATION**

Part 1 – To be completed by the 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: | 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  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](mailto:data.protection@milton-keynes.gov.uk)

**REHC 2b**

**PARENTAL VIEWS**

|  |  |
| --- | --- |
| Pupil’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)** |
|  |

*Please continue overleaf*

**RECH 2c**

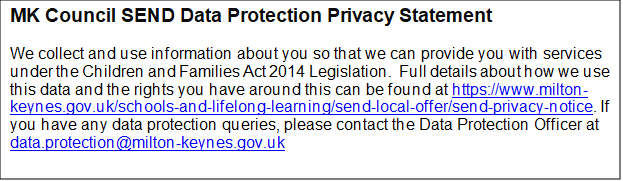
**MEDICAL / HEALTH INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Pupil’s name:** | Male  Female | **D.O.B:** |
| **Address:** | **Tel No:** | |
| **GP :(*name & address)*** | | |
|  | **Tel No:** | |

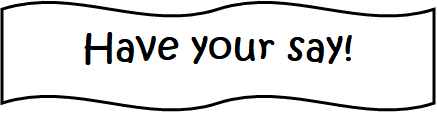
**Please give details of health professionals who can provide information about your child’s health or development**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Professional** | **Name of Professional** | **Please indicate where seen (i.e. Health Centre /Hospital)**   If outside Milton Keynes please add address where professional is seen | **Still involved?** | **Approximate Date of Last Contact** |
| **Paediatricians\*** |  |  | Yes  No |  |
| **Clinical Psychologist / Psychiatrist** |  |  | Yes  No |  |
| **Occupational Therapist** |  |  | Yes  No |  |
| **Physiotherapist** |  |  | Yes  No |  |
| **Speech & Language Therapist** |  |  | Yes  No |  |
| **Other Medical Specialist** |  |  | Yes  No |  |

Please note that the Community Paediatrician may refer your child to other medical specialists as part of their assessment. This may happen prior to the Community Paediatrician appointment e.g. hearing / vision test by school nurse. If your child is currently seen by a Community Paediatrician, an appointment may not be required. It can take time to obtain information from specialists, especially outside of the area.

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**REHC 3**

**

**

**Name:**

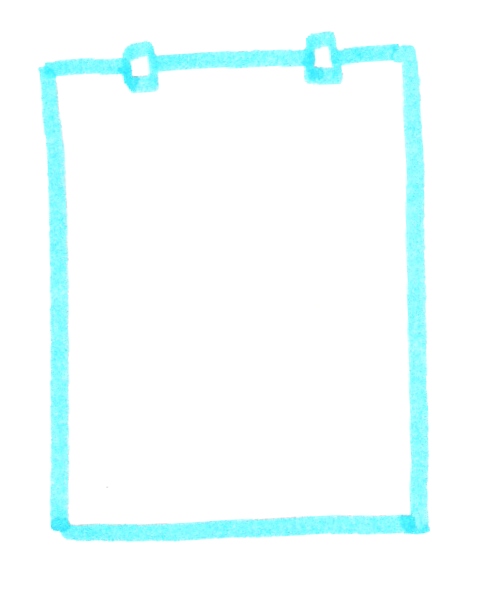
****Things I want you to know about me:**

****Who I live with:**

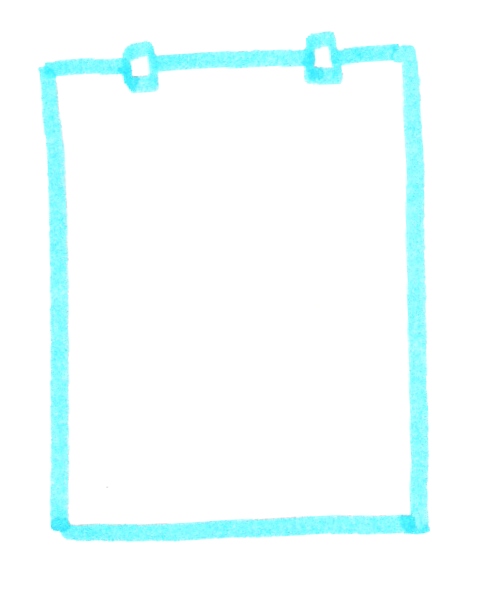
****What people like about me and think I’m good at:**

**What is important to me:**

**

****The things that are going well**  **The things that I find hard:**

**for me:**

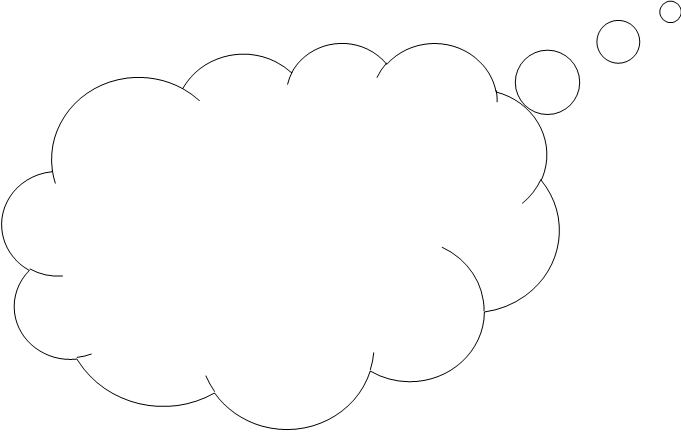
**

**

**How to help me:**

**

**In the future I would like:**

**

Please indicate when completed by the young person or if it is from observations and or interviews.

Please refer to the booklet on gaining children and young people’s views