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 [SEND local offer privacy notice | Milton Keynes City Council](https://www.mksendlocaloffer.co.uk/what-send-team-does/send-local-offer-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 2a**

**Parent/Carer consent for SEND Services Involvement**

Milton Keynes SEND Services aim to provide effective support to children and young people in the right way and at the right time. For this to happen, informed consent to become involved with the support of any child/young person until they are 16 years old is legally required.

This consent must come from the person(s) with legal parental responsibility for the child/young person.

After their 16th birthday, young people, in conjunction with their parent/carers, need to give their permission for SEND Services to work with them.

This consent form is designed to give all teams within Milton Keynes SEND Services parent/carer permission to:

· Work with your child/young person

· Collect, store, discuss and share their information as appropriate in line with General Data Protection Regulations (GDPR)

If your child has had their 16th birthday, both you and they need to sign this form giving consent to involvement from SEND Services.

As part of our processes, SEND Services reports and/or records of involvement are shared with school/setting and parent/carer (and young person if over 16 years old).

If you would like to discuss any issues about our involvement before completing this consent form, please do not hesitate to contact us **(SENDsupport@milton-keynes.gov.uk).**

**Date of request:**

**Name of child/young person:**

**DOB:**

**Year Group:**

**School / Setting:**

**Main school contact/SENCo:**

**School/Setting Contact telephone number:**

**School/Setting Contact email:**

**For parents/carers:**

**·** I give permission for the involvement from SEND Teams to work with my child/young person.

· I give permission for information to be collected, stored, discussed and shared with relevant partners to enable SEND Teams to support the work they do with me and my child/young person. This means that my information may be shared with: Health Services including CAMHS; Social Services including Children and Family Practices, Social Care and/or YOT; SEND Services including Children with Disabilities Team; Inclusion Specialist Teaching Team; EHC Specialist Teaching Team; and Educational Psychology Service; Children’s Centre/Setting/School and/or other relevant parties as appropriate.

· I understand that I may withdraw my consent for SEND Teams to work with my child/young person at any time.

· I understand that my consent is assumed to be ongoing unless I indicate in writing that I am withdrawing my consent for involvement from SEND Services.

· I understand that information from these discussions will be stored on the MKC SEND Team secure database for future reference and that this information is available to me upon request.

**Parent/Carer Signature:**  **Date:**

**Parent/Carer name (print):**

**Relationship to child/young person:**

**Parent/Carer phone number:**

**Parent/Carer email:**

*(Please advise SEND Services if parental responsibility changes)*

**For young people over 16 years old:**

**·** I give permission for SEND Teams to work with me.

· I give permission for information to be collected, stored, discussed and shared with relevant partners to enable SEND Teams to support the work they do with me. This means that my information may be shared with: Health Services including CAMHS; Children and Adult Social Services including Children and Family

· Practices, Social Care and/or YOT; SEND Services including Children with Disabilities Team; Inclusion Specialist Teaching Team; EHC Specialist Teaching Team and Educational Psychology Service; Setting/School and/or other relevant parties as appropriate.

· I understand that I may withdraw my consent for SEND Teams to work with me at any time.

· I understand that my consent is assumed to be ongoing unless I indicate in writing that I am withdrawing my consent for involvement from SEND Services.

· I understand that information from these discussions will be stored on the MKC SEND Team secure database for future reference and that this information is available to me upon request.

**Young Person Signature:** **Date:**

**Young Person name:**

**Young Person phone number:**

**Young Person email:**

**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**

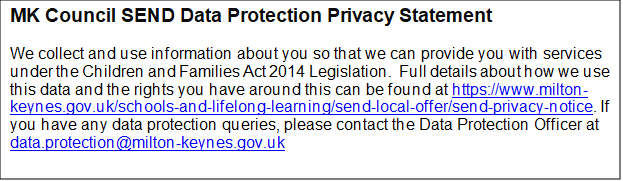
**MEDICAL / HEALTH INFORMATION**

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

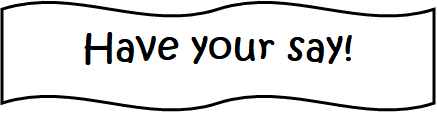
**Please give details of health professionals who can provide information about your child’s health or development**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:**

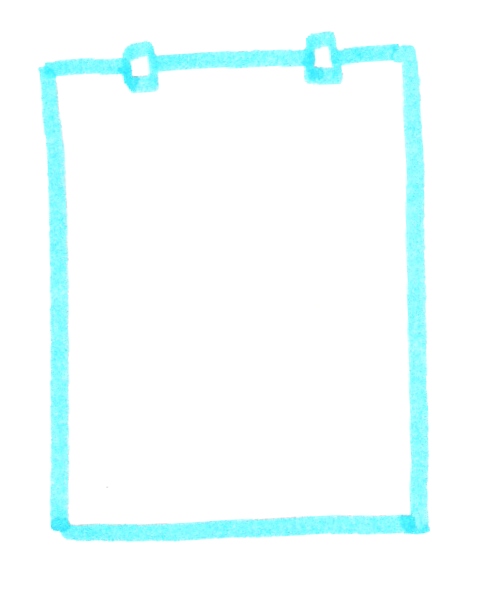
****Who I live with:**

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

**What is important to me:**

**

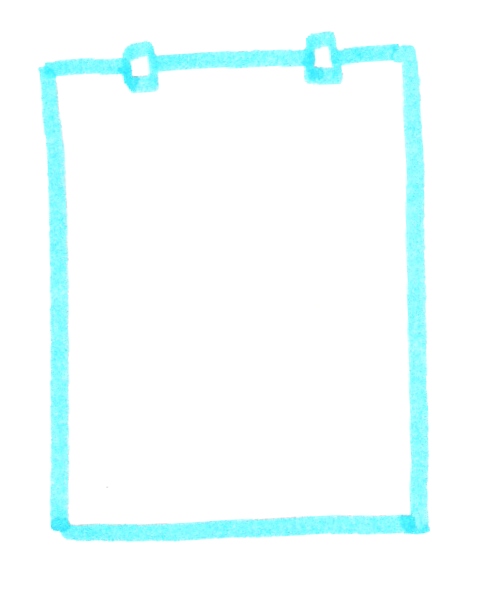
** **The things that are going well**

**

**

**The things that I find hard:**

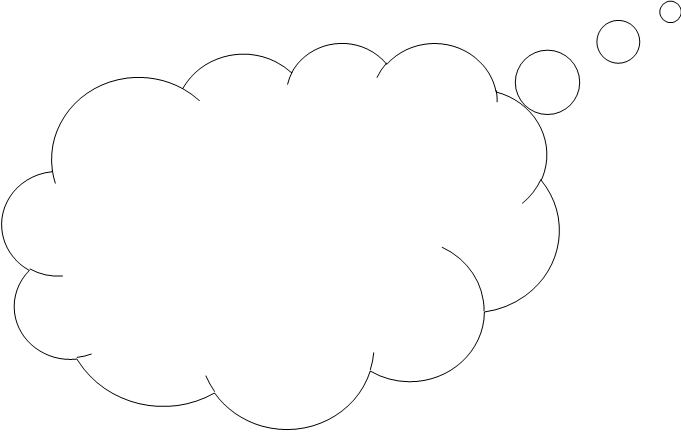
**for me:**

**

**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.