## EHCNA Request Form

**Requestor details:**

|  |  |
| --- | --- |
| Name: |  |
| Role: |  |
| Full name of setting: |  |
| Your email address: |  |
| Your phone number: |  |

**Child’s details:**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| DOB: |  |
| Male or female: |  |
| Year group: |  |
| Ethnicity: |  |
| Home language: |  |
| UPN: |  |
| Is child CLA? | Yes No  (If yes details of the Local Authority responsible and social worker including email and phone number must be added here): |

**Parent/Carer Details:**

|  |  |
| --- | --- |
| Name of parent/carer: |  |
| Relationship: |  |
| Do they live at the same address as the child? | Yes No  (If no provide relevant further detail including their address) |
| Email address for parent/carer: |  |
| Phone number for parent/carer: |  |
| Do you need to provide details for a second parent/carer? | Yes No  (If yes provide details here:) |
| Parent hopes/plans for school provision |  |

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## Parental Consent

|  |  |  |
| --- | --- | --- |
| **Parent Carer signature:**  **Date:**  I give permission for this plan to be shared with: | | |
| **Name** | **Job Title** | **Contact Information** |
|  |  |  |
|  |  |  |

**Explain to the Education Health and Care Considerations Panel what you are hoping an Education Health and Care Plan could offer the child that is currently not available within your setting’s resources or could not be met by the resources available in setting/school:**

It is helpful when considering your request to understand how you have used your best endeavours to meet a child’s needs.

|  |
| --- |
|  |

**Important information for the professional making this request**:

As the person making this request you are responsible for ensuring the request is made in line with the fundamental principles of the Children and Families Act 2014 (the Act) and the Special Educational Needs and Disability Code of Practice: 0-25 years (January 2015).

Before submitting your paperwork, please make sure you have discussed this with an Early Years and Childcare Advisor (EYCA).

*SEN Code of Practice:*

*1.4 Early Years providers, schools and colleges should also take steps to ensure that young people and parents are actively supported in contributing to needs assessments, developing and reviewing Education, Health and Care (EHC) plans*.

You are required to explain to parents that the information held within this request will be sent to the SEN Assessment Team. You must use your best endeavours to ensure they have seen what has been recorded and that they are aware that the information will be shared with other relevant professionals to enable appropriate support to be put in place to meet the child’s needs.

In line with the Act, it is expected that you will complete this referral with the family adopting the principles of co-production and collaboration.

The SEN Assessment Team will hold and use this information to comply with its legal obligations and in line with their Privacy Notice. You are required to make the family aware of the Privacy Notice information which can be found here on the Local Offer:

<https://westsussex.local-offer.org/information_pages/398-parents-carers-information-privacy-policy>

**Agreement:**

**I confirm that I have explained to the parent/carer that the information within this request will be shared as required to enable appropriate assessment of the child. It will be used to ensure suitable support is in place to meet the child’s needs. I have made the family aware of the SEN Assessment Team Privacy Notice.**

**Signature:**

**Name and role of professional making this request:**

**Date:**

## Medical Questionnaire for EHCNA Consideration Panel

**Child’s Name:**

**Child’s Date of Birth:**

**Child’s Address:**

Dear Parent/carer,

As you will be aware your school is preparing to ask the Local Authority (LA) to consider undertaking an Education Health and Care Needs Assessment (EHCNA) of your child’s special educational needs.

If the panel decide this assessment should go ahead, the LA *must* seek advice from health as to whether your child has medical needs that will have to be considered in this assessment**.**

Your child may well have seen different professionals in the NHS over the course of their life, however unfortunately not one person or service has access to all this health information. **Therefore, could you please complete the form as soon as possible and return it to your school to add to the request information. This will help to ensure the Panel have the details as part of their consideration.**

Should the needs assessment go ahead, this form will then be sent to your local Child Development Centre to decide if your child requires further medical assessment from a Doctor as part of the EHCNA.

**If the panel decide to start an ECHNA and you are currently open to; a paediatrician/CAMHS/Speech and Language Therapist/physio/occupational therapy, the LA will automatically ask them to contribute to the process. Often this is done based on information they already have about your child but in some cases the professional may need to review your child in order to update this information. Please still complete the 8 questions below as it will provide additional helpful information.**

|  |  |
| --- | --- |
| 1. **Brief** summary of why you/your child’s setting have applied for an EHCNA *(what are your child’s main difficulties/needs)?* |  |
| 1. Does your child have any medical diagnosis? If yes, please can you list these alongside:    1. The dates you received these (if you have these)    2. Who has given the diagnosis (which medical service) |  |
| 1. Was your child born prematurely and/or were there any complications in their first year? If yes to either, please give more details. |  |
| 1. Is your child on any medication currently? If yes, please list medications and dosage. |  |
| 1. Can you list, and briefly detail, any significant health events your child has experienced (eg: surgery, accidents, hospital stays, allergies/anaphylaxis, seizures etc). |  |
| 1. Is your child accessing help from any other health services (other than your GP)? If yes can you list below (examples might include CAMHS, Speech Therapy, Youth Emotional Support Service, Counselling services, Neurologists, dietician etc). ***Please also list private health professionals who may be working with your child.*** |  |
| 1. Has your child been to see your GP, apart from routine immunisations, in the last 6 months? If so, why? |  |
| 1. When was your child’s hearing and vision last checked? Are there concerns in this area? |  |

Thank you for filling this form in. Please now return the form to your child’s setting to submit with the request documentation.

If an EHCNA is started and your local Child Development Centre decide your child would benefit from further medical assessment, they will be in touch to arrange an appointment.