**Must be completed. Please refer to Guidance Note 4 before submitting your completed request.**

Pupil Name and DOB:……………………………………………………………………….

**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).

*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/young person’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 and/or young person that the information within this request will be shared as required to enable appropriate assessment of the child/young person. It will be used to ensure suitable support is in place to meet the child/young person’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:**