**Parental request to carry out an Education, Health and Care Needs Assessment**

This request is made in accordance with section 36 of the Children and Families Act 2014.This information is sought as part of an Education, Health and Care Needs assessment.

**Person Making Request** (Please tick)

|  |  |
| --- | --- |
| Parent/Carer |  |

**Child/Young Person's Details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name (s) |  | Surname |  |
| Date of Birth |  | Gender |  |
| Year Group |  | Setting |  |
| Home address |  | Child Looked After Yes/No |  |
| Ethnicity |  | Religion |  |

**Details of Parent(s) or Person Responsible**

|  |  |  |  |
| --- | --- | --- | --- |
| Name(s) |  |  |  |
| Relationship |  |  |  |
| Home Address |  |  |  |
| Contact Number(s) |  |  |  |
| Email address |  |  |  |
| Preferred method of contact |  |  |  |

What professionals are currently involved, or have been involved with your child in the last 12 months?

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Role that they play (name of organisation where appropriate) | Email address/telephone number | Report Attached |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section A**

|  |
| --- |
| Child or Young Person's Relevant History |
|  |
| What are your child's/young person's hopes and dreams for the future? |
|  |
| What are your hopes and dreams for your child's/young person's future? |
|  |

**Section B**

|  |
| --- |
| Strengths and Special Educational Needs |
| Strengths      Needs |

**Section C**

|  |
| --- |
| Health needs and support |
|  |

**Section D**

|  |
| --- |
| Social care needs and support |
|  |

**Section E**

**Outcomes and Provision:**

|  |  |  |  |
| --- | --- | --- | --- |
| Need(s) | Desired long term outcome(s)? | Steps towards achieving the outcome(s) | Special Educational Needs Provision required  *(please identify whether this is current or additional provision)* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I/we would like you to consider my child's special educational needs. I/we give you permission to contact my child's education placement, health services, social care or other professionals to obtain information about me/them.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Signature |  |
| Full Name |  | Full Name |  |
| Date |  | Date |  |

Please return this form, together with any reports to:

|  |  |  |
| --- | --- | --- |
| Area | Email Address | Contact Number |
| Lancaster/Fylde/Wyre | [send.north@lancashire.gov.uk](mailto:send.north@lancashire.gov.uk) | 01524 581200 |
| Chorley, South Ribble, West Lancs, Preston | [send.south@lancashire.gov.uk](mailto:send.south@lancashire.gov.uk) | 01772 531597 |
| Burnley, Pendle, Hyndburn, Ribble Valley, Rossendale | [send.east@lancashire.gov.uk](mailto:send.east@lancashire.gov.uk) | 01254 220561 |