**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.

I/we understand that information relating to my child, in accordance with the above, will be retained on the Inclusion Service's 'Early Help Module' (LCC's secure data storage system).

Please see the following website for further information regarding how we store and use data: <https://www.lancashire.gov.uk/council/transparency/access-to-information/service-and-project-specific-privacy-notices/lancashire-inclusion-service-send/>

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | inclusion.north@lancashire.gov.uk | 01524 581200 |
| Chorley, South Ribble, West Lancs, Preston | inclusion.south@lancashire.gov.uk | 01772 531597 |
| Burnley, Pendle, Hyndburn, Ribble Valley, Rossendale | inclusion.east@lancashire.gov.uk | 01254 220561 |