**Young Person's 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.

**Your details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name (s) |  | Surname |  |
| Date of Birth |  | Gender |  |
| Year Group |  | Setting |  |
| Home address |  | | |
| Ethnicity |  | Religion |  |
| Phone number |  | Preferred method of contact |  |
| Email address |  | | |

**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 you in the last 12 months?

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

**Section A**

|  |
| --- |
| Do you feel there is any important information to share from when you were younger? |
|  |
| What are your hopes and dreams for the future? |
|  |

**Section B – Education**

|  |
| --- |
| What are your strengths and what are the things you find difficult? |
| Strengths      Needs |

**Section C**

|  |
| --- |
| Do you have any health needs and/or support from health services? |
|  |

**Section D**

|  |
| --- |
| Do you have any Social Care needs and/or support from Social Care Services? |
|  |

**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 would like you to consider my special educational needs. I give you permission to contact:

|  |  |
| --- | --- |
|  | (Please tick the boxes you agree can be contacted) |
| Parents/carers |  |
| Educational placement |  |
| Social care services |  |
| Health services |  |
| Educational Psychologist |  |
| Other professionals |  |

I understand that information relating to me, 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/>

|  |  |  |  |
| --- | --- | --- | --- |
| Young Person's details |  | If the Young Person has had support to complete this form, please include your details here |  |
| 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](mailto:inclusion.north@lancashire.gov.uk) | 01524 581114 |
| Chorley, South Ribble, West Lancs, Preston | [inclusion.south@lancashire.gov.uk](mailto:inclusion.south@lancashire.gov.uk) | 01772 531597 |
| Burnley, Pendle, Hyndburn, Ribble Valley, Rossendale | [inclusion.east@lancashire.gov.uk](mailto:inclusion.east@lancashire.gov.uk) | 01254 220561 |