******Parental request for an Education Health and Care needs assessment**

***This document is a formal request for statutory assessment for an Education Health and Care Plan for the child / young person as outlined below.***

Please Tick:

*This has been written by the Parent / Guardian.*

*This has been written on the behalf of the parent with their permission and consent gained.*

***Note:*** *The rights of the carer or guardian may differ should the child be in  
Care, e.g. in a foster placement, in the care of the authority etc. Consent will be requested from the appropriate person or authority.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of child:** |  | **Date of request:** | | Click here to enter a date. |
| **Date of birth:** | Click here to enter a date. | **NHS number (if known):** | |  |
| **Parent Carer / Guardian Names:** | **1)** | | **2)** | |
| **Does this person have parental responsibility (PR)? (Please tick):** |  | |  | |
| **Is either parent in the armed forces? (please tick)** |  | |  | |
| **If those detailed above do not have PR, who does? Please provide details:** | **If those detailed above do not have PR, who does? Please provide dese detailed above do not have PR, who does? Please provide details:** | | | |
| **Your child’s educational needs:** | **Please provide a brief description of your child’s educational needs:**  **Does your child have a specific diagnosis?**  If yes, please provide details: | | | |
| **Does your child attend an educational setting? (including nursery and pre-school)**  (please tick) | **If yes, please provide details:**  **Name of setting:**  **Address:**  **Contact number:** | | | |
| **Please tick if this child / attends any of the following:**  (If applicable, please give details) | Playgroup | | Clubs | |
| Play Pals | | Child Development Centre | |
| Toddler Group | | Others: | |
| **Please tick any health services that you are aware your child is known to:** | **Shropshire Community Health NHS Trust Services** | | | |
| Paediatrics- (children’s doctors) | | Wheelchair Services | |
| Physiotherapy | | Community Equipment Stores | |
| Speech and Language Therapy | | CAMHS: | |
| Occupational Therapy | | Diabetes Team | |
| Community Children’s Nursing | | Others: | |
| **Shropshire and Telford Hospitals NHS Trust Service** | | | |
| Paediatrics | | ENT | |
| Ophthalmology | | Others: | |
| **Robert Jones and Agnes Hunt NHS Trust Services** | | | |
| Orthopaedics | | Physiotherapy | |
| Orthotics | | Others: | |
| **Other Acute NHS Hospital s- and departments/consultants** | | | |
| Birmingham Children’s | | Alder Hey | |
| Others: | |  | |
| **Shropshire and South Staffordshire Foundation NHS Trust Services:** | | | |
| **Other Health Services including Independent Providers:** | | | |
| **Does your child currently receive any involvement from Social Care?**  (please tick) | **If yes, provide name and contact details of your child’s current social worker:** | | | |
| **Does your child access non-assessed social care services? This could include Short Breaks**  (please tick) |  | | | |
| **Any additional information which you think may be useful:** |  | | | |
| **Completed with the support of**  (If applicable) | **Name:  Relationship to Parent/Carer:** | | | |
| **Parental Signature:** | **Date:** | | | |

*Once completed please return this form with the* ***consent form, medical questionnaire and all about me/us,*** *to****: SEN Team, Shirehall, Shropshire Council, Abbey Foregate, Shrewsbury, SY2 6ND. Tel: 01743 254366***