

**Health Notification of Anticipated Special Educational   
Needs and Disability**

***This is a notification of a child / young person whom has, or will probably go on to have a Special Educational Need or Disability as outlined by the SEND Code of Practice 2014 section 5.15. I am bringing this child / young person to the attention of the Local Authority.***

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| **Name of Child / Young Person:** |  |
| **Date of Notification:** |  |
| **Local Authority:**  (Please circle) | **Shropshire Telford and Wrekin**  **Other (Specify):** |
| **Date of Birth:** |  |
| **NHS Number:** |  |
| **Address:** |  |
| **Telephone number:** |  |
| **Email:** |  |
| **Parent Carer / Guardian Names:** |  |
| **Diagnosis / Provisional Diagnosis**  **Conditions/ Description of possible difficulties** |  |
| **Professional providing Notification:** (Name and Position, Inc. contact details) |  |
| **Registered GP:** |  |
| **Please tick if this child / young person attends any of the following:**  (If applicable, please give details) | Playgroup Preschool Play Pals  Nursery Toddler group School  Sixth Form College Work  Clubs  Apprenticeship Placement  Child Development Centre  Others:­­­­ |
| **Name of nursery / school / sixth form / college / other educational placement:**  (If Applicable) |  |
| **Please tick any services that you are aware your child/young person is known to:** | **Shropshire Community Health NHS Trust Services**  Paediatrics- (children’s doctors)  Physiotherapy  Speech and Language Therapy  Occupational Therapy  Community Children’s Nursing  Wheelchair Services  Community Equipment Stores  Diabetes Team  CAMHS:  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 Hospitals- and departments/consultants**    Birmingham Children’s,  Alder Hey Others (specify):    **Shropshire and South Staffordshire Foundation NHS Trust Services**  **Other Health Services including Independent Providers** |
| **Any additional information which you think may be useful in aiding our process:** |  |
| **Parental Signature:** |  |
| **Professional providing Notification:**  (Name and Position, Inc. contact details) |  |
| **Signature of professional providing Notification** |  |

***Please sign, retain a copy and attach to request for statutory assessment to: SEN Team, Shirehall, Shropshire Council, Abbey Foregate, Shrewsbury, SY2 6ND. Tel: 01743 254366***