PRSA

**SECTION 1: Guidance**

Parental Request for Education, Health and Care Needs Assessment from Educational Settings

* Normally children / young people should only be referred for statutory assessment following a graduated approach of intervention, as advised in the SEND Code of Practice 2015 and Local Guidance; SEN Support and Education, Health and Care Plans, see [Graduated Approach to Special Educational Needs and Disabilities (SEND) | City Of Wolverhampton Council](https://www.wolverhampton.gov.uk/education-and-schools/graduated-approach-special-educational-needs-disabilities#:~:text=Graduated%20Approach%20to%20Special%20Educational%20Needs%20and%20Disabilities,that%20might%20support%20them%20in%20overcoming%20these%20barriers.)
* The form below outlines information that **must** be completed. Partially completed forms will be returned for full completion.
* Additional reports must be put in a zip file and emailed to [SENSTART@wolverhampton.gov.uk](mailto:SENSTART@wolverhampton.gov.uk)

From January 2023

All requests for a EHC Needs Assessment MUST be made on this form and submitted via email to [SENSTART@wolverhampton.gov.uk](mailto:SENSTART@wolverhampton.gov.uk).

**SECTION 2: Consent**

In requesting a single assessment, I am also consenting for the Royal Wolverhampton Hospitals NHS Trust to disclose medical information either from my / my child’s medical records or, if necessary, to a medical examination.

A: Legal Responsibility

|  |  |  |  |
| --- | --- | --- | --- |
| A1 | Do you have full parental responsibility for the child you are making this request for? | Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
| A2 | Is your Child 16 or over? | YES  If so, please complete the Young Person request for EHCNA | NO |
| A3 | Does your child consent to this request | YES | NO |

|  |  |  |  |
| --- | --- | --- | --- |
| A4 | By completing this form as a parent with full legal responsibility for your child, you are consenting for your information to be shared with other professionals involved | ¨ Tick the box to confirm that you have understood the contents of this form may be shared with other involved professionals. | |
| A5 | Is this the first EHCNA request made for your child/young person? | YES | NO  Date of previous request: |

**SECTION 3: Key Information for EHC Needs Assessment**

**Please ensure all parents/guardians with parental responsibility are included**

B: Details of Parent/Guardian with parental responsibility

|  |  |  |  |
| --- | --- | --- | --- |
| B1 | Title |  | |
| B2 | Parent/Guardian Surname |  | |
| B3 | Forename |  | |
| B4 | Relationship to the Child/Young Person |  | |
| B5 | Private Email Address |  | |
| B6 | Telephone Number |  | |
| B7 | Alternative Telephone Number |  | |
| B8 | Address (if different from child/young person) |  | |
| B9 | Home Language |  | |
| B10 | Is interpreter needed? |  |  |
| B11 | Does the parent/guardian have a known disability that we need to be aware of? |  |  |
| B12 | If YES please provide details so we can make reasonable adjustments where required. |  | |

B2: Details of Parent/Guardian 2 with parental responsibility

|  |  |  |  |
| --- | --- | --- | --- |
| B1 | Title |  | |
| B2 | Parent/Guardian Surname |  | |
| B3 | Forename |  | |
| B4 | Relationship to the Child/Young Person |  | |
| B5 | Private Email Address |  | |
| B6 | Telephone Number |  | |
| B7 | Alternative Telephone Number |  | |
| B8 | Address (if different from child/young person) |  | |
| B9 | Home Language |  | |
| B10 | Is interpreter needed? |  |  |
| B11 | Does the parent/guardian have a known disability that we need to be aware of? |  |  |
| B12 | If YES please provide details so we can make reasonable adjustments where required. |  | |

C: Details of Your Child

|  |  |  |  |
| --- | --- | --- | --- |
| C1 | Your child’s full name |  | |
| C2 | Your child’s date of birth |  | |
| C3 | Your Child’s Address |  | |
| C4 | Your child’s ethnicity |  | |
| C5 | Your child’s gender |  | |
| C6 | Your child’s home language and/or best way to communicate with them |  | |
| C7 | Is your child from a UK Armed Forces or crown servant family? | Yes/No (Please delete as appropriate) | |
| C8 | Is your child under 5 years of age and does not attend an early years’ setting? \*Mandatory |  |  |
|  |  |

D: Details General Practitioner Involved (Details MUST be completed to progress this request)

|  |  |  |
| --- | --- | --- |
| D1 | GP Surgery Name: |  |
| D2 | Registered GP’s Name: |  |
| D3 | GP Surgery Address: |  |
| D4 | GP Surgery Telephone Number: |  |
| D5 | GP Surgery E-mail |  |

E: Details of Education, Health & Social Care Professionals Involved:

This information will help the Authority to find out what steps have been taken to help you/your child so far.

NOTE - If you/your child has received input from a medical professional please provide copies of the medical reports.

|  |  |  |  |
| --- | --- | --- | --- |
| E1- Name of professional | E2- Title Professional Role | E3- Address & Contact Number | E4- Email address: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

F: Details of Current Education Setting:

|  |  |  |
| --- | --- | --- |
| F1 | Name of current Educational Setting: |  |
| F2 | Address of setting, school, or provider: |  |
| F3 | Admission Date: |  |
| F4 | SENCo’s name (if known): |  |

G: Previous Education Setting Information:

|  |  |  |
| --- | --- | --- |
| G1 | Name of Previous Educational Setting |  |
| G2 | Name(s) of Local Authority where previous education setting located |  |
| G3 | Admission Date |  |
| G4 | Leaving Date |  |

Please add rows if your child has previously attended more than 1 setting

H. Your child’s educational needs

|  |  |  |
| --- | --- | --- |
| H1 | What are your concerns about your/your child’s special educational needs? |  |
| H2 | If your child is in an educational setting, has your child been placed on the SEN register in their current educational setting? |  |
| H3 | What support is your child receiving in school? |  |
| H4 | What is working well for your child at school? |  |
| H5 | What is not working well for your child at school? |  |

1. **Your child’s Health Needs**

|  |  |  |
| --- | --- | --- |
| I1 | What health needs does your child have? (Please include formal diagnosis and dates)*.* |  |
| I2 | Please describe how the medical conditions or health needs impact on your child and family on a day to day basis. |  |

J. Detail how your child is supported at home and in the community

|  |  |  |
| --- | --- | --- |
| J1 | Does your child take part in any activities within the community? E.g. Scouts, Brownies, swimming, football etc |  |
| J2 | Does your child require any support accessing any of these activities? |  |
| J3 | What is working well for your child and your family at home? |  |
| J4 | What is not working well for your child and your family at home? |  |

K: Reason for the Education Health Care Needs Assessment

|  |  |  |  |
| --- | --- | --- | --- |
| K1 | Why is an Education Health Care needs assessment being requested now? |  | |
| K2 | What is important to your child now and for the future? |  | |
| K3 | Do you have any supporting documents that you would like to share? YES/NO | Yes-  Please upload this to with the request form | No |

L: Signature- Please sign your name, typed signatures cannot be accepted

Full Name:

Signed: Date:

“This form may be issued only by and for the use of Wolverhampton Authority. It may not be copied or reproduced by any other party.”

Please complete all sections of the form and email this to [SENSTART@wolverhampton.gov.uk](mailto:SENSTART@wolverhampton.gov.uk)