

# EHCNA guidance

## Parental Request

### Consent

<b>A1</b>	<p><b>Do you have full parental responsibility for the child</b></p> <p>You should only be making a parental request if you have full parental responsibility for the child/young person. If you do not have parental responsibility, you cannot submit a request.</p>
<b>A2</b>	<p>Please select the box that applies to your child.</p>
<b>A3</b>	<p>If your child is 16 or over, you must gain their consent before submitting a request for an EHC Needs assessment</p>
<b>A4</b>	<p>This is consent for the Local Authority to share information with partners across education, health and social care. This consent will cover all statutory processes from this point forward.</p>
<b>A5</b>	<p>If you have made a previous request for an EHC Needs Assessment in the past 6 months, this request will be automatically rejected.</p>

## Key Information

<b>B</b>	<p><b>Your details</b></p> <p>The details of the person filling in the form with parental responsibility but also details of any other parents. There will be an additional option for you to enter the details of another parent/carer.</p> <p>Please ensure you submit an email address and telephone number on the request.</p>
<b>C</b>	<p><b>Details of your child</b></p> <p>This section contains several mandatory fields (Full name, DOB).</p>
<b>D</b>	<p><b>GP details</b></p> <p>A submission <b>cannot proceed</b> without the GP details. please ensure you have your GP details before beginning the assessment request.</p>
<b>E</b>	<p><b>Details of Education, Health and Social Care professionals involved with your child</b></p> <ul style="list-style-type: none"> <li>• Please provide the details of all professionals who are involved with your child at the time of the request.</li> <li>• You can include professionals who have recently discharged your child (i.e. within the last 6 months).</li> </ul>

	<ul style="list-style-type: none"> <li>• It is important that we understand who is involved across education, health and social care so that, if the request is agreed to proceed to assessment, we can request appropriate advice and information from all professionals involved with your child.</li> <li>• <b>Please note the EHC Needs assessment is a not a referral mechanism and referrals to professionals must have taken place before the request if appropriate and recommended from professionals</b></li> </ul>
<b>F</b>	<p><b>Details of current education setting</b></p> <p>If your child is not in an education setting, please leave blank. If your child is not in an educational setting but is school age (5-16 years), we may need to contact you to understand what is happening for your child's education</p> <p>Please include any nursery or child-minding services your child is attending currently.</p> <p>Please state if your child is Electively Home Educated.</p>
<b>G</b>	<p><b>Details of previous education setting</b></p> <p>It is important, insofar as is possible, to provide details about previous settings.</p> <p>There are multiple options to add several schools as we would wish to see multiple schools if your child has moved school settings frequently.</p>

### Educational Needs

<b>H1</b>	Please outline your concerns about child's special educational needs.
<b>H2</b>	Please select the box that applies to your child.
<b>H3</b>	Please tell us about the support your child has received at school and how this has helped them to make progress.
<b>H4</b>	Outline what is working well for your child in school.
<b>H5</b>	Outline what you think could be better/your child is struggling with in school.

### Health needs

<b>I</b>	Please outline in the space provided how if any medical diagnosis, conditions, or health needs impact your child and family.
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This can include an overview of how the medical conditions or other health needs impact your child at home and in the community.

### Support at home and in the community

**J** Provide a brief overview of your child's life outside of their educational setting by answering the questions.  
It is important that we understand your child's life outside of their educational setting and how independent they are with skills such as personal care, travel training, making friends, going out in the community, clubs/team sports they may be involved in.

Does your child have a social worker/Strengthening Families worker?  
Do they access respite?  
Do they have access to a personal budget through social care?

### Reason for the Education Health Care Needs Assessment

**K** Please provide full detail around the reasons for the request. Information that would be useful to know:

- Is there a lack of clarity around the nature and extent of your child's special educational needs?
- Are there concerns about your child receiving the current level of provision available in their school?
- Are you concerned about the support that the educational setting is providing for your child?
- Is your child transitioning to a new school and you are concerned about the guarantee of support?