

EHCNA guidance

Young Person request

If you would like support submitting this request, this can be provided by Wolverhampton Information Advice and Support Service.

Telephone number: 01902 556945

Email: ias.service@wolverhampton.gov.uk

Website: [Home | Wolverhampton Information, Advice & Support Service \(wolvesiass.org\)](http://Home | Wolverhampton Information, Advice & Support Service (wolvesiass.org))

Key details

A	<p>Consent</p> <p>Please confirm that you consent for the information provided to the LA to be shared with partner across Education, Health and Social care.</p>
B	<p>Your details</p> <p>Enter your details in the boxes provided. Please ensure you submit an email address on the request.</p>
C	<p>Advocate details</p> <p>An advocate is a person who puts a case on someone else's behalf. Please confirm if you would like another person to support you through this process. Provide the details of the person you would like support from.</p>
D	<p>GP details</p> <p>A submission cannot proceed without the GP details. please ensure you have your GP's details before beginning the assessment request.</p>
E	<p>Details of Education, Health, and Social Care professionals who you are known to</p> <ul style="list-style-type: none"> • Please provide the details of all professionals who are involved with you • You can include professionals who you have recently been discharged from (past 6 months) • 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 • 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
F	<p>Details of current education setting</p>

	Provide the details of your current education setting if you attend one- Name, address and when you started there.
G	Details of previous education setting It is important, insofar as is possible, to provide details about previous settings.

Educational Needs

H1	Please outline your concerns special educational needs you have.
H2	Please select the box that applies to you.
H3	Please tell us about the support you have received at school and how this has helped you to make progress.
H4	Outline what is working well for you in school/college.
H5	Outline what you think could be better or things you find difficult at school/ college.

Health Needs

I	Please outline in the space provided how any medical diagnosis, conditions, or health needs impact on you and your family. This can include an overview of how the medical conditions, or other health needs impact on you at home and in the community
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Support in the home and the community

J	How do your family help you at home? Can you make dinner, tidy your room, complete chores or do you need help from your family to do these tasks? What clubs/activities do you take part in in the community? Do you need help to access these?
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Reason for the Education, Health Care Needs Assessment

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- Do you want more information about your special educational needs that may not have been identified yet?
- Are you concerned about the support you are receiving in your educational setting?