

<p><b>For Office Use Only</b></p> <p>DATE STAMP – DATE RECEIVED</p>
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**Appendix 2**

**Parent/Carer/Young Person (aged 16 and over)  
Advice for an Education, Health and Care Needs Assessment**

In accordance with the Children and Families Act 2014 the Local Authority is initiating an Education, Health and Care (EHC) Needs Assessment. This form provides you with the opportunity to give your advice about the child/young person's/your difficulties

**Person Providing Advice (please tick)**

Parent/Carer	<input type="checkbox"/>	Young Person 16+	<input type="checkbox"/>
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**Child/Young Person's Details**

Child/Young Person's Full Name:	<input type="text"/>
Child/Young Person's DoB:	<input type="text"/>

Have contact details changed since the request was submitted? If Yes, please detail them below	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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<b>New Contact Details</b>
<input type="text"/>

Has the educational setting changed since the request was submitted? If Yes, please detail them below	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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<b>New Educational Setting, including full address</b>
<input type="text"/>

**Parent/Carer Details**

Name:	
Relationship:	
<b>Please only complete the contact details below if they have changed since the request</b>	
Telephone Contact Details:	
E-mail:	
Address (if different from child/young person):	

**2<sup>nd</sup> Parent/Carer Details**

Name:	
Relationship:	
Telephone Contact Details:	
E-mail:	
Address (if different from above):	

This form provides you with the opportunity to give your assessment of your or your child/young person's needs and difficulties and the support you believe is necessary to meet these special educational needs in the educational setting. It is important to provide as much information as possible as this will assist the Local Authority in deciding whether an Education, Health and Care Plan is required

## Section A – Summary of Needs

What do you consider to be you or your child/young person's difficulties which are preventing access to learning and progress? You may wish to complete more than one section.

Communication and Interaction	
Cognition and Learning	
Social, Emotional and Mental Health	
Sensory and/or Physical Needs	

## Section B – Educational

What do you or your child want to achieve in the current educational setting?

What do you hope the EHC Plan would enable you or your child to achieve?

Tell us what you feel is working well in the educational setting.

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What do you feel is not working well in the educational setting?

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Have you discussed your concerns with the educational setting and what was the response?

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What progress, if any have you or your child made?

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What support have you or your child received in the educational setting and how have you been involved?

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What additional support do you believe you or your child requires?

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## Section C – Health and Social Care

What arrangements do the family need to make to meet your/your child's needs at home?

Are you receiving support from Social Care? (Please provide details including the name of your Social Worker and details of the support provided)

Is there any further Social Care support you feel is needed?

Do you or your child have any health difficulties which impact in the educational setting?

What support, if any, is being provided by the Health Service either at home or in school? (This may include support from your GP, Specialist Therapist, Paediatrician and Psychiatrist)

Is there any further health support you feel is needed?

In respect of support from Health and Social Care, would you like us to refer you to those Services for an assessment for support?			
No thank you	<input type="checkbox"/>	Please refer to Health Services	<input type="checkbox"/>
Please refer to both Services	<input type="checkbox"/>	Please refer to Social Care Services	<input type="checkbox"/>

**Parent/Carer**  
**Name:** \_\_\_\_\_ **Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2<sup>nd</sup> Parent/Carer**  
**Name:** \_\_\_\_\_ **Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Young Person**  
**Name:** \_\_\_\_\_ **Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this form, together with any supporting evidence to:**  
 Statutory Assessment and Resources Team, Box SCO2209, Scott House, 5 George Street, HUNTINGDON, PE29 3AD  
 Tel No: 01480 372600 and select Option 1      E-mail: [start@cambridgeshire.gov.uk](mailto:start@cambridgeshire.gov.uk)