

For Office Use Only

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Cambridgeshire
County Council

Appendix 5

**Parent/Carer/Young Person (aged 16 and over)
Request to carry out an Education, Health and Care Assessment**

This request is made in accordance with Section 36 of the Children and Families Act 2014

Person Making Request (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:							
Date of Birth:		Gender:		Year Group:			
Ethnicity:		Religion:					
Home Language							
NHS No:		NI No:					
LAC:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Home Authority:		
In Leaving Care process:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Current Educational Setting:							
Address:							
From:							
Previous Educational Setting:							
Last Attended:							

Parent/Carer Details

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

2nd Parent/Carer Details

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

Please provide details of the child/young person's/your needs and detail why you feel an Education, Health and Care Assessment is necessary in relation to the following: (Please attach any relevant school and professional reports and continue on an additional sheet if necessary)

- 1) **What are the difficulties in accessing education and making progress?**
- 2) **The educational needs you believe are not being met in the/your current setting**
- 3) **The additional support you believe is required to make progress**

Please indicate if there is any current support being provided by education support services (Educational Psychologist, Specialist Teacher), health and/or social care (if reports are available please attach and indicate in the table below)

Name	Contact Details	Details of Support/Services Provided	Report Attached (Yes/No)

I/we would like you to consider my child's special educational needs. I/we give you permission to contact my child's educational setting, health services, social care or other professionals to obtain information about them

Parent/Carer

Name: _____ **Signed:** _____ **Date:** _____

2nd

Parent/Carer

Name: _____ **Signed:** _____ **Date:** _____

For Those Young People aged 16 years and over

I would like you to consider my special educational needs. I give you permission to contact my educational setting, health services, social care or other professionals to obtain information about me

**Young
Person's**

Name: _____ **Signed:** _____ **Date:** _____

Please return this form, together with any reports to:

Statutory Assessment and Resources Team, Box SCO2209, Scott House, 5 George Street, HUNTINGDON, PE29 3AD

Tel No: 014890 372600 and select Option 1 E-mail: start@cambridgeshire.gov.uk

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Date Received:		Response Due By:	
SEN Casework Officer:		Panel Date:	