

**REQUEST FOR AN EDUCATION,**

**HEALTH AND CARE NEEDS ASSESSMENT FROM A PARENT OR YOUNG PERSON AGED OVER 16**

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

**Person making the request (please tick)**

|  |  |
| --- | --- |
| Parent | Young Person (16 years or over) |

**Child/young person’s details**

|  |  |
| --- | --- |
| Child/Young Person’s full name | Date of Birth |
| Address | Educational setting attended |
| Year group |

**Parent/Carer details 2nd parent/carer details**

|  |  |
| --- | --- |
| Name |  |
| Relationship |  |
| Contact details |  |
| Address (if different) |  |

**Special Educational Needs – please indicate the difficulties which you consider are acting as barriers to curriculum access and progress (please tick)**

|  |  |
| --- | --- |
| Communication and Interaction | Cognition and Learning |
| Social emotional and Mental Health  Difficulties | Sensory and/or Physical Needs |

**Please indicate whether you/your child are currently receiving any support from education support services (for example Ladywood Outreach, Behaviour Support, Educational Psychology), health and/or social care (If reports are available please attach and indicate in the following table)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Contact details | Details of support/services provided | Report Attached |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Please give further details of your/your child’s needs and detail why you feel an Education, Health and Care needs assessment is necessary in relation to the following (Please attach any relevant school/professional reports and continue on an additional sheet if necessary):**

1. A summary of your/your child’s difficulties
2. The educational outcomes that you believe are not being met
3. The support that you believe is required

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

Signature

Date

Please return this form together with any reports to:

SENDAS c/o School ICT  
Smithills Dean Road  
Bolton  
BL1 6JT

