**Version 2 (10/11/2014)**

**Request to carry out an Education, Health and Care Assessment for a child/young adult**

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

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

|  |  |
| --- | --- |
| Parent/Carer | Young Person 16+ |

|  |  |  |
| --- | --- | --- |
| **Which service are you requesting?****(Please Tick)** | **Education** | **Social Care** |

**Young Persons Details**

|  |  |
| --- | --- |
| Full name |  |
| Date of Birth: |  | Gender: |  |
| Home address: |  |
| Religion: |  | Home Language: |  |
| Setting/School/College: |  |

**Parent/Carer Details 2nd Parent/Carer:**

|  |  |  |
| --- | --- | --- |
| Name: |  |  |
| Relationship: |  |  |
| Contact Details: |  |  |
| Address: |  |  |

|  |  |
| --- | --- |
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| --- |
| **Please give details of the young person’s/your needs and detail why you feel an Education, Health and Care Assessment is necessary in relation to the following***:* 1. **A summary of the young person’s difficulties**
2. **The educational outcomes you believe are not being met**
3. **The support you believe is required**

*Please attach any relevant school and professional reports.**(e.g. Latest Health Clinic letter - Physiotherapy report – Speech and Language Therapy report).**Continue on an additional sheet if necessary.* |

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**Please indicate if the young person/you is receiving any support from education support services (Educational Psychologist, Specialist Teacher), health and/or social care** (if reports are available please attach and indicate in the table)

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Contact Details | Details of support provided | Report Attached |
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I/We would like you to consider my/child’s special educational needs. I/we give you permission to contact my/child’s educational placement, health services, social care or other professionals to obtain information about me/them. I/We agree that information obtained from all sources may be shared in relation to this request.

|  |  |
| --- | --- |
| Signature: | Signature: |
| Date: | Date: |

Please return this form, together with any reports to:

**SEND Assessment & Support Services**,

5th Floor Margaret McMillan Tower,

Princes Way,

Bradford,

BD1 1NN.