

Request for an Education Health and Care Plan Assessment Young Person Views and Evidence

This form is for a young person who wishes to make a **request for a statutory Education**, **Health and Care Assessment** under the Children and Families Act 2014 and/or to **contribute their views** after an assessment has been agreed.

Please complete the form below.

Instead of sections 3 onwards, you can give us your views in a different way if you wish. You might want to just tell us what a Good Day is like and what a Bad Day is like for you or you can write or draw something on paper and scan it to us.

Please send us any professional reports you want us to look at.

If you are attending an education placement (school or college), they will also be asked for their views and they also can help you to fill in this form.

Send a photograph of yourself if you wish but it must be printable in black and white.

If you have already been asked your views by someone else like your parents, a social worker or school/college staff, you don't have to do it again here but please just let us know.

1. Your Details			
First Name		Last Name	
What do you like to be called?		Date of birth	
Home address and postcode			
Contact information	Home phone Mobile Email		
What language do you speak at home?		Other languages	

2. Your Parents, Carers (or other people who you may want to represent you)			
	Parent/carer 1	Parent/carer 2	
Title (Mr, Ms, Mrs, Dr etc.)			
First name			
Last name			
Relationship (Mother, Father, Grandmother etc.)			
Home address & postcode, if different from yours			
Contact information	Home phone Mobile		



	Email	
Do you want this person to receive documents and be asked for their views?	Y/N	Y/N

Note: if an adult is writing/typing this, it **must** be written in the third person (He/she says that...) and you can use quotation marks if appropriate (he/she said '*I like to...*')

3. Who do you live with?

4. If you have any specific conditions or diagnoses, please tell us about these

5. What are your main goals or wishes?

Think about when you are a bit older or when you are a grown up

6. What is important to you?

e.g. people, hobbies, pets, lessons, friends...what can't you do without? What do you really look forward to?

7. What are you proud of and what do other people like about you?

e.g. achievements and any good qualities that you have

8. What is working well?

Who or what helps you? What do you find easy?

9. What is not working well?

What do you find hard?

10. What could help? What could make things easier or work better for you?

11. Details of person completing this form Name (CAPITALS) Date

Please also complete and return the Involvement Form below unless you have already done this with your school or college.

Involvement Form			
Please tell us about your GP and anyone else who helps you.			
Name of GP Practice:		GP Contact No.	
GP Address			
Please tell us about a	ny prescription medicines you take		

Type of Involvement	Name of person	Address	Contact details (email & phone)
Educational Psychology			
SENSS (Specialist Advisory Service for visual and/or hearing impairments, physical disabilities and complex medical conditions)			
Paediatrician (Child Development Team)			
Speech and Language Therapy			
Physiotherapy			
Occupational Therapy			
Children's Community Nursing			
CAMHS (Child & Adolescent Mental Health Service)			
Audiology			
Ophthalmology			

Dietician		
Specialist Doctor / Consultant or Hospital Service		
Looked After Children (LAC) / health team		
Adult Social Care / Adult Social Care Health Team		
Children's Social Care or Early Help		
Adult Mental Health		
Youth Offending Service		
Other (please specify, add additional sheets if needed)		

Please also tell us about any services that you have been discharged from in the last 12 months.

Send this form to **SEN@hounslow.gov.uk** or post to SEN Team, Hounslow House, 7 Bath Road, TW3 3EB. You can call us on 020 8583 2672.

The above information may be shared with Hounslow Council Staff (as appropriate), Social Care Professionals, Educational Psychology Services, NHS Clinical Commissioning Groups (CCGs), and representatives from Hounslow schools.

Our Privacy Statement can be found on Hounslow Council's website, <u>www.hounslow.gov.uk/privacy</u> option 3. This explains the data we hold (including special category data), what we do with it, with whom we share it, how we keep it safe, and your rights with regard to data protection.

Please contact us if you would like this document in **easy read**, another more accessible format, or if you need it to be **translated** to another language.