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| **Parental/Guardian/Young Person request for a Statutory Needs Assessment of Special Educational Needs** |  |

This form should be completed as part of the request for a statutory needs assessment of Special Educational Needs.

* This application does not apply to those young people who are studying for a foundation degree or other higher education qualification.

*If you need support in completing this form, you can talk to the SENCo at your child’s setting or call the SEN team on 0203 821 1919*

* This form is for completion by the parents or guardian of the child or young person, or by the young person themselves.
* It is recommended that you discuss this with your child’s educational setting first, as they will be requested to provide information and it will allow them time to gather what is necessary.
* **You must live within Enfield.** If you live within a different Local Authority (LA), you will need to submit your request to that LA and can find details on how to do so on their local offer.

***If the authority agrees to this statutory needs assessment the information contained within this form may be used as part of the statutory needs assessment, copied to all agencies directly involved with the child/young person and may form an Appendix to any EHC Plan that is issued.***

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| **Child or young person’s (cyp) details** |

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| **First name(s)** |  | **Surname** |  |
| **Home address** |  | **Sex assigned at birth** |  |
| **Preferred pronouns**  **(e.g. he/his she/hers they/theirs)** |  |
| **Postcode** |  | **Date of birth** |  |
| **Telephone** |  | **Ethnicity** |  |
| **Name and address of early years/nursery setting, school, college:** |  | **Religion** |  |
| **Year group:** |  |
| **Is the child / young person under the care of social services? (if yes, to which local authority?)** | | | **Yes / No (delete as appropriate)** |
| **Are there any social care plans including a LAC (Looked After Child) care plan, a child in need plan or a child protection plan which may impact on this statutory needs assessment?** | | |  |
| **Language/s spoken at home** |  | | |
| **Please make clear if there are any restrictions on disclosing information for safeguarding purposes** | e.g. if there is somebody who shouldn’t know the address or who shouldn’t have contact with the child? | | |

*\* For children born in England or Wales, if the parents of a child are married when the child is born, or if they’ve jointly adopted a child, both have* ***parental responsibility****. A mother automatically has parental responsibility for her child from birth. A father usually has parental responsibility if he’s either:*

*-married to the child’s mother*

*-listed on the birth certificate (after a certain date, depending on which part of the UK the child was born in)*

*Both parents keep parental responsibility if they later divorce.*

*If a child is born outside of England or Wales and comes to live in the UK, parental responsibility depends on the UK country they’re now living in.*

*Same-sex partners will both have parental responsibility if they were civil partners at the time of the treatment, e.g. donor insemination or fertility treatment.*

*More information is available here for anyone outside of those circumstances:* <https://www.gov.uk/parental-rights-responsibilities/who-has-parental-responsibility>

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| **Parent / carer details:** | | | |
| **Who has parental responsibility? \*** |  | | |
| **Parent / carer 1 name** | **Title, first name(s), surname (and relationship to child)** | | |
| **Parent / carer 1**  **Interpreter or communication support needed?** | **Yes /No (delete as appropriate)** | | |
| **Parent / carer 1 Home address** (if different from above) |  | | |
| **Postcode:** | | |
| **Parent / carer 1 Telephone numbers** | **Home:** | **Mobile:** | |
| **Parent / carer 1 email address** |  | | |
| **Parent / carer 2 name** | **Title, first name(s), surname (and relationship to child)** | | |
| **Parent / carer 2**  **Interpreter or communication support needed?** | **Yes /No (delete as appropriate)** | | |
| **Parent / carer 2 Home address** (if different from above) |  | | |
| **Postcode:** | | |
| **Parent / carer 2 Telephone numbers** | **Home:** | | **Mobile:** |
| **Parent / carer 2 email address** |  | | |

Your request for an Education, Health & Care assessment will be considered by a group of professionals.

In order for us to be able to make this decision, we will need some additional information from you about your child.

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| **Can you describe how the needs of your Child/Young Person/you affect you at home and in an educational setting?:** |
| *For example, if you have identified needs in a particular area and how this affects the every day. Needs could be those such as speech, language and communication needs, social, emotional and mental health needs, a physical disability, visual impairment, hearing impairment or a multi-sensory impairment, Autistic Spectrum Disorder, Attention Deficit Hyperactivity Disorder.* |
| **Why do you think an assessment is necessary?:** |
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*\*\* If you feel that the needs have changed since their last involvement, please say no here.*

*\* If Enfield SEN agree to proceed with a statutory needs assessment, the SEN service will request statutory advice from these services/agencies, as deemed appropriate.*

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| **Details of the professionals and organisations currently involved with supporting the your child or young person / you. \*** | | | | | |
| **Name of service,**  **full name of professional,** **full address, email and telephone number** | **Details of involvement** | **If a report is available, date written** | **Start of involvement if known** | **Most recent contact** | **Do you agree this is up to date and represents current needs? (yes / no) \*\*** |
| Educational Psychology Service (EPS) |  |  |  |  |  |
| Behaviour Support Service (BSS) |  |  |  |  |  |
| Hearing Impairment Service (HI) |  |  |  |  |  |
| Visual Impairment Service (VI) |  |  |  |  |  |
| Advisory Service for Autism (ASA) |  |  |  |  |  |
| Paediatrician |  |  |  |  |  |
| Speech and Language Therapist Service  (SALT/SLT) |  |  |  |  |  |
| Physiotherapy Service |  |  |  |  |  |
| Occupational Therapist (OT) |  |  |  |  |  |
| Child & Adolescent Mental Health Service (CAMHS)  e.g. Enfield CAMHS, Tavistock Clinic, Royal Free Eating Disorder Service etc. |  |  |  |  |  |
| The Joint Service for Disabled Children (JSDC) including Early Intervention Support Service (EISS) |  |  |  |  |  |
| The Joint Service for Disabled Children (JSDC) including Cheviots specialist disability team |  |  |  |  |  |
| Looked After Children’s Team (LAC) |  |  |  |  |  |
| Leaving Care Service |  |  |  |  |  |
| Child Protection and Family Support Team |  |  |  |  |  |
| Referral and Assessment Service |  |  |  |  |  |
| Child Sexual Exploitation Prevention Team (CSEP) |  |  |  |  |  |
| Youth Offending Unit  (YOU) |  |  |  |  |  |
| Parents Abuse and Reconciliation Service  (PAARS) |  |  |  |  |  |
| Change & Challenge |  |  |  |  |  |
| Parent Support Unit |  |  |  |  |  |
| COMPASS – drug and alcohol team |  |  |  |  |  |
| Integrated Learning Disabilities Service (ILDS) |  |  |  |  |  |
| Care Management Services |  |  |  |  |  |
| Any other service or professional supporting Social, Emotional and Mental Health e.g. IAPT, Every Parent and Child, Dazu, school based counsellor or therapist, Place2Be, HEWS |  |  |  |  |  |
| Other(s) |  |  |  |  |  |

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| **If you feel that we should seek advice from any other professionals, please tell us who and why you think this is necessary:** |
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| **Please complete the below ‘All about me’ document with your child/young person. This will form Section A of any EHC Plan that is issued and will be used to inform professionals when planning outcomes and provision.**  *If an EHC Plan is issued and at a later date, you want to update this section, you will have an opportunity to do so at the co-production meeting.* | *For your child to complete:*  *Insert a photograph or drawing of yourself (Optional)*  *or something that represents you* |

**All about me:** This section should be completed by you – the child or young person.

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| **You can write or even draw in the boxes to tell everyone what is important to you.**  If you are unable to give your views directly, adults who know you well can use ‘the voice of the child’ to explain them through your actions. If you draw or make a collage with pictures, adults may label them. Some of the information may also have been gathered by the professionals who meet you and talk to you about your views. **You can view the guidance notes on Enfield’s Local Offer for ideas on how to give your views.** | | |
| **My story**  My life so far and what I am like as a person.  What I find difficult. | **Communicating with me**  How I communicate and how I gave my views for this plan. | **What I do for fun & what I am good at.**  Things that are important to me, what I like to do, play & special interests. What I am good at doing & what motivates me. |
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**All about me:** This section should be completed by you - the child or young person.

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| --- | --- | --- |
| **You can write or even draw in the boxes to tell everyone what is important to you.**  If you are unable to give your views directly, adults who know you well can use ‘the voice of the child’ to explain them through your actions. If you draw, adults may label your drawings. **You can view the guidance notes on Enfield’s Local Offer for ideas on how to give your views.** | | |
| **My friends, relationships and community**  Who is important to me, who is in my family, how I keep in touch, how I am part of my community. | **My health & wellbeing**  Details about my health needs now and in my history. What makes me feel good and happy. Things that may upset me and how you can help to calm me down. | **My hopes and dreams for the future**  My aspirations. What I want for my future including my education and future job, health and relationships. What skills I would like for adulthood? |
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**All about me:** This section should be completed by the family and adults supporting the child/young person.

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| **What people like about me**  How people who know me would describe me, what I am good at and what they like about me | **My family’s views**  How my family would describe me, what they would like you to know about me including what doesn’t work for me, what challenges me & what their hopes are for me as I grow. |
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| **Signed young person / parental / carer consent** | |
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| In submitting this application to request a statutory needs assessment, I consent for Enfield council to seek and share advice on me/my child with professionals relevant to this process including educational psychology service, health provider services, education settings, family services and social work, and any other professionals and services identified in this request. ***I understand that this also means I am consenting to my information being shared with Enfield Council SEN by other services as deemed appropriate for assessment purposes (such as NHS and Social Care) and may not be asked to sign further consent accordingly.*** ***I also understand that this means I am consenting to a full assessment by all relevant services (such as NHS and Social Care) if I/my child are not already known to them.*** | |
| **Name:** |  |
| **Relationship to the Child/young Person**  **(Not applicable if you are the young person signing)** |  |
| **Signature:** |  |
| **Date:** |  |

**This form can be sent to** [EHCPRequests@enfield.gov.uk](mailto:EHCPRequests@enfield.gov.uk) **Please include ‘request for statutory needs assessment’ in the subject heading.**

It is preferred that this is not posted as it can cause significant delays and risk that it goes missing, however, should you need to post this document, please contact SEN at 0203 821 1919 so that we can be aware you will be sending it.

**What happens next?**

* Once this is received by the SEN Team, we will send an acknowledgement within a week so that you know we have received it. We will also allocate an officer to your child so you have a point of contact.
* Within 6 weeks of receiving your request, we will let you know if we are going to carry out a full assessment. If we are not going to, you will have a right to appeal the decision and we will provide you details on how to do this. If we are going to proceed, we will advise you of the next steps.

Sometimes, there are unavoidably difficulties with communication. If you haven’t heard from us, please contact SEN at [sen@enfield.gov.uk](mailto:sen@enfield.gov.uk) or on

0203 821 1919

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**Co – production meeting likely held during this time around week 14**

**Draft plan will be issued & settings will be consulted at least 15 days before the final date**