WARRINGTON
Borough Council

Insert picture of Young Person.
Optional

EHCP REFERRAL – PARENT/YOUNG PERSON

Request to carry out an Education, Health and Care Assessment Form
This request is made in accordance with section 36 of the Children and Families Act 2014.

Person Making Request (please tick)			
Parent/Carer	☐	Young Person 16+	☐

Young Person's Name:		**DOB:**		**Identified gender:**	
Young Person's Address:				**Preferred Pronoun and name:**	
				Tel No:	
Educational Setting(s) and address:				**NCY:**	
Interpreter needed?	**Yes** ☐ **No** ☐			**Language spoken:**	

Parent/Carer Details			
Name:		**Relationship to child/young person:**	
Address		**Email:**	
Telephone:		**Can documents be sent via email?**	**Yes ☐ No ☐**
Name:		**Relationship to child/young person:**	
Address		**Email:**	
Telephone:		**Can documents be sent via email?**	**Yes ☐ No ☐**
The following times or barriers make it more difficult for the young person or the family to attend meetings or appointments			

Special Educational Needs *Please indicate the difficulties which you consider are acting as a barrier to curriculum access and progress (please tick), and indicate the main area of need.*			
Communication and Interaction	☐	Cognition and Learning	☐
Social Emotional and Mental Health	☐	Sensory and/or Physical Needs	☐

List of services involved supporting the young person *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	**Designation/Role**	**Date of involvement/report Please attach as an appendices**	**Reason for involvement**	**Contact details/email address**

Details of the young person's Special Educational Needs
Give further detail 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: *(Please attach any relevant school and professional reports and continue on an additional sheet if necessary)*: 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

Parent / Carer / Young Person declaration	
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.	☐
I/we understand that an Education, Health and Care Plan will be agreed by the Local Authority only in circumstances where the EHC needs assessment concludes that my/our child has educational needs which are long term, severe and complex.	☐
I/we have worked in partnership with the school to help our child	☐
I/we agree to any assessments by professionals to take place	☐
I/we agree with the process taking place and papers being shared with schools and professionals where, and when appropriate	☐

Name of person completing the referral:		**Date:**	
Signature:			

Please return this form, together with any reports to:

Email: ehcreferralandresourcespanel@warrington.gov.uk (preferred method of submission) or
Post: EHC Assessment Team, Warrington Borough Council, East Annexe, Town Hall, Sankey Street, Warrington WA1 1UH

Send Team Office Use

Date Received:	Response due by:
SEND Casework Officer:	Panel Date:

Fair Processing Notice

Warrington Borough Council SEND Team works with a range of teams and agencies within the Council and the NHS to provide support to children and young people with Special Educational Needs and Disabilities (SEND) and their families.

These include, but are not limited to:

- Educational Psychology Service
- Sensory Service
- Youth Offending Team
- Bridgewater Community Healthcare Trust
- NHS Services
- Warrington Borough Clinical Commissioning Group
- Social Care
- Early Help

In order to draw up an EHC Plan the SEND Team needs to consider the child/young person's difficulties across education, health and care where necessary. To achieve this the EHC Assessment Team will sometimes need to exchange information with other teams in the NHS and Local Authority. This includes some basic details such as name, address, date of birth and any other appropriate information that you might have given to a member of the team, for example:

- Who is in your immediate family and the type of support your family needs
- Which agencies might have helped you in the past
- Details about gender and ethnicity

This information is held securely on a number of databases on Local Authority and NHS IT systems. With your consent, we will share this information, but only if it is beneficial to you. Your information will not be passed on to anyone else unless we are legally bound to do so or if there is a risk of serious harm to you or anyone in your family. This is in line with the principles of the 2018 Data Protection Act. Under this Act you also have a right to see a copy of the information we have on your family.

In order to make sure that you get the right help at the right time, we would like to update your details on a regular basis so that our records are current. We will do this by asking you directly to let us know if any of your details have changed.

If you require any more information you can speak to one of the SEND Team members on 01925 442175.