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| leicester CC logo **Request for a statutory education, health and care**  **(EHC) assessment** |

Please complete the following and return to SES via Anycomms

**1. Details of child/young person and their parents/carers**

Child/young person’s name:

Date of birth:

National Curriculum Year:

Home address:

Gender:

Ethnicity:

Pupil’s home language:

Parents/carers name:

Telephone number:

Parents preferred language:

Name and address of any other persons with parental responsibilities:

Looked after status:

**2.** **School / College / Setting details**

Name of School / College /Setting

Name of person submitting this request:

Position/Job Title:

Contact number:

Email address:

**3. The child or young person’s academic attainment (or developmental milestones for younger children) and rate of progress**

**4. The nature, extent and context of child or young person’s SEN and/or physical, emotional and social development and health needs.**

**5. Action taken by the early years provider, school or post-16 institution and provision made to address difficulties and the progress achieved.**

Please list outside agencies and professionals who have been involved and the dates of their involvement (please indicate where agencies and professionals are no longer involved).

**6. Where a young person is aged over 18, their age and whether remaining in education or training would help them to progress, building on what they have learned before and helping them to make a successful transition to adult life. (Complete this section only where relevant.)**

**7. Where appropriate, please include relevant documentation and indicate by checking the boxes below:**

NC pupil tracking data

Individual pupil’s provision map

Individual targets/personalised plans

School provision map

School assessment data/observations

Outcomes/data of school interventions

External agency reports

Behaviour records

Other (please specify below)

Exclusion data

Attendance data

School Contract

Minutes of review meetings (inc.

Early Support/CAF/Early

Help/PSP/PEP where applicable)

EYFS 2 year progress check

Foundation Stage Profile

**8. Please indicate that this request has been discussed with parents (or those with parental responsibility) or with the young person (16+) by asking them to sign below**

**Signed: Dated:**

**9. Signature of the person completing this request**

**Signed: Dated:**