

Parent Carer contributions for Education Health and Care Needs Assessment (EHCNA)

Contributions checklist and further information

The following provides an overview of the information required to complete this contribution.

The information provided within this form will be used by the local authority for the following purposes:

- To build further understanding of the child/young person to support the decision-making process
- To share with professionals should a needs assessment be agreed to further their understanding and support their assessments
- To feed into, where relevant, a plan if it is agreed in consultation with parent carers

We recognise that you may not wish to share all information that is asked for in this form and whilst the majority of the form is optional, the more information you provide, the better understanding the local authority will have about the needs of the child/young person.

Privacy Statement - How your information may be used. Information provided in this form will be used by Warwickshire County Council to comply with our legal obligations under the Children and Families Act 2014. It may also be shared with other agencies and service providers to ensure that your child's needs are met. Information will only be shared with third parties in accordance with the General Data Protection Regulation. To see how we use your personal data and what your information rights are, please read the Education and Learning privacy notice. It should be read in addition to the council's overall customer privacy notice, which includes the contact details if you have a complaint about your information rights, go to www.warwickshire.gov.uk/privacy. For general enquiries, contact Warwickshire County Council customer services on 01926 410410.

If you would like assistance in completing the form, please contact your school or educational setting (if you have one). Alternatively, please contact SENDIASS on 01788 593159 or via their website www.warwickshiresendiass.co.uk

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What will you need to complete the form

Questions:- All questions marked with a star * are mandatory and will need completing. All other questions are optional. Please include as much information as you feel comfortable sharing.

Section 4 - Personal information *

e.g. Name, DOB, Address etc.

Section 5 - About the child/young person

e.g. This includes reasons for request, how your child is now and any past experiences/challenges that have affected them.

Section 6 - The child/young person and education

e.g. This section includes questions about their education journey so far.

Section 7 - Any further information

This is your opportunity to share any further information you think is relevant to support the request and know where to send any evidence

Section 8 - Submitting the form

If you would prefer to talk to somebody over the phone or email or have any questions regarding any element of this form, please email:

needsassessmentrequests@warwickshire.gov.uk

Please provide your name and contact information and indicate in the subject heading that it is regarding a parental contribution, and someone will call get back to you as soon as possible.

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*Required

Personal Information

The information in this section is used to identify the child/young person and the person completing this form and is required to progress the form.

1. First name of child/young person *

2. Surname of child/young person *

3. Date of Birth of child/young person *

Please input date (dd/MM/yyyy)

4. Please provide your name *

5. If you are completing this with the parent carer, please provide their name

6. What is your relationship to the child/young person? *

7. If you are completing this with the parent carer, please provide their relationship

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About your child/young person

The information collected in this section is used to build an understanding of the child/young person and their needs. This supports the decision-making process and will be shared with professionals should a decision to assess be agreed.

The fields in this section without a star * are optional please complete as much as you feel comfortable with.

1. Is this contribution to support a School/Setting request or a parental request?

(Delete as appropriate)

- Parental request *(please complete the mandatory questions *)*
- To support a school or setting request *(go to question 16, please ignore the mandatory questions before then)*

2. Name of main parent *

This is the parent the child lives with for the majority of the week

3. Contact email address for correspondence *

4. Contact telephone number *

5. Address *

6. Does anyone else have Parental Responsibility *(Delete as appropriate) **

Yes/No

7. Do they live at the same address? *(Delete as appropriate)*

Yes/No

8. Name, email address, address and contact phone number of other with Parental Responsibility

Name:

Email address:

Address:

Phone number:

9. First Language of child/young person

10. Ethnicity of child/young person

Select your answer

11. What was the child/young person's sex assigned at birth. We recognise that sex and gender are different and that someone's biological sex may not necessarily match their gender. (Delete as appropriate)

- Female
- Male
- Intersex
- Prefer not to say

12. How would they describe their gender? (Delete as appropriate)

- Female
- Male
- Non-binary
- Prefer not to say

13. Does the child/young person identify as trans/transgender? (Delete as appropriate)

Yes/No/Prefer not to say

14. Preferred pronouns of child/young person

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15. About the Child/Young person

The information collected in this section is used to build an understanding of the child/young person and their needs. This supports the decision-making process and will be shared with professionals should a decision to assess be agreed.

The fields in this section without a star * are optional. Please complete as much as you feel comfortable with.

16. Please tell us why you are applying for an Education, Health and Care Needs Assessment (EHCNA) and what difference you think it will make for the child/young person.

17. Please tell us about the child/young person now.

i.e. How do they get on in different environments – (home, school, community etc)?

How is their communication/speech and language?

What do they enjoy, what's important to them and what are their strengths?

What are their routines?

What do they find difficult? What helps your child? What are their/your aspirations?

18. Did the child/young person reach their developmental milestones within the average timeframe? i.e. talking, walking, toileting *(Delete as appropriate)*

- Yes
- No
- Don't know

19. Do these milestones still impact them?

- Yes
- No
- Don't know

20. Was there anything notable about the child/young person's birth or early life?

i.e, were they: born prematurely, subject to any trauma during childbirth, underwent any medical interventions, etc.

- Yes
- No
- Don't know/prefer not to say

21. Could you please tell us about this?

22. Has the child/young person faced any life events that impact on their learning needs?

i.e. bereavements, divorce/separation, homelessness, frequent house moves, domestic abuse, hospitalisation, early childhood trauma, school based trauma etc

- Yes
- No
- Don't know/prefer not to say

23. Please share anything you feel is relevant in relation to this.

This may include how the event impacted the child/young person.

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The child/young person and Education

The questions in this section relate to the child/young person's educational experiences so far and will help build understanding of need. This will be used to support the decision-making process and shared with professionals should a decision to assess be agreed.

The fields in this section are optional please complete as much as you feel comfortable with.

Is the child/young person currently registered at an educational setting or Nursery?

(Delete as appropriate)

- Yes, they attend Nursery
- Yes, they attend an educational setting
- No

Please provide the name of the nursery or educational setting (if appropriate)

Are they able to regularly attend? *(Delete as appropriate)*

- Yes
- No

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Further information

Please use this space to provide any further relevant information to support the request for an EHCNA.

Please include any relevant medical information such as diagnosis etc. Please note we will need copies of any formal diagnosis.

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I confirm that I have read and I am aware of the information included in this request and or the request submitted by the setting/professional

I confirm

- Yes/No

If this proceeds to an EHC Needs Assessment, I consent to the involvement of external agencies (such as educational psychology, therapies, specialist teachers etc) when gathering further information as part of this process.

I confirm and agree to the information being shared

- Yes/No

Is the form complete

- Yes
- No, this is a draft