

# Warwickshire County council

**Parent Carer contributions/request for Education Health and Care  
Needs Assessment (EHCNA)  
Guidance**

# Completing the request form

- We have developed this short guidance document to provide you with all the essential information you will need to know to help you complete the request form. It also aims to talk you through the required fields in your first sitting and how to save/submit and return to complete.
- The information provided within the form will be used by the local authority
  - 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
- All mandatory fields marked with\* must be completed with the relevant information to progress the referral. **Please include as much information as you feel comfortable sharing.**
- Any missing information may result in the request being cancelled and a new referral required.
- You don't have to complete the form in one go; however, you will need to submit your referral in order to go back and edit later .
- This guidance document talks you through the required fields in your first sitting and how to save/submit and return to complete.

# Checklist

- The first section of the form provides you with a summary of each section of the form, and the types of information you will be required to submit as part of the request

Please try to ensure you have everything you need before you start

## 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 [sen@warwickshire.gov.uk](mailto:sen@warwickshire.gov.uk), providing 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.

# First submission

- Within the first sitting you will be required to all the questions in section 4 that are marked with a \*
- These are mandatory questions so we can capture the key information about the child or young person.
- All other sections and questions are optional. Please share as much information about your child/ young person as you feel comfortable with.

1. First name of child/young person \*

Enter your answer

2. Surname of child/young person \*

Enter your answer

3. Date of Birth of child/young person \*

Please input date (dd/MM/yyyy)

4. Please provide your name \*

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

Enter your answer

5. Please provide the email address of the parent carer \*

5. Please provide the email address of the parent carer \*

Enter your answer

6. Please provide the contact phone number of the parent carer \*

Enter your answer

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

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

Enter your answer

8. Is this contribution to support a School/Setting request or a parental request? \*

☐ Parental request

☐ To support a school or setting request

9. Name of main parent \*

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

Enter your answer

12. Address \*

Enter your answer

13. Does anyone else have parental responsibility? \*

☐ Yes

☐ No

14. Do they live at the same address? \*

☐ Yes

☐ No

# First submission

- The only other section you are required to complete on the first submission is the final section of the form which acts as
  - a declaration of the information provided
  - an agreement for information to be shared with relevant agencies as part of the EHCNA process.
  - allows the submission to be saved and provides editing access should you not have completed the form in full the first time.
- We also ask that you tell us whether this is a final submission or not to help us process your request as efficiently as possible.

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

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

Is the form complete \*

☐ Yes

☐ No - I will save and return

If you are not completing the whole form in the first sitting, please ensure you select the NO option here

Thank you your referral has been submitted.

If any further information is required we will be in touch otherwise you will receive communication once a decision has been made (within 6 weeks).

Kind regards  
SENDAR

Important thing you can do next

[Save my response to edit](#)

[Submit another response](#)

- Once you hit submit you will receive this message:

Click on the box to save your response to edit.

- If you don't already have an account, it will ask you to create one (once created you will not need to do this in the future).

# Returning to your request to continue submission

Recent My forms **Filled forms** Shared with me Favourites



Parent/carers contributions for Education Health and Care Needs Assessment

Filled form

Submitted 15/05/2025, 20:50:36



- **Step 1.** Once logged in to MS forms you will enter a home page like this click on filled forms and the submitted forms will show

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

29 Aug 2025

The purpose of this form is to establish the basis for a parental request for an EHCNA or to provide family views alongside the request for an EHCNA made by an education setting or professional.

View response

- **Step 2.** Click on the form you require, and you will then be able to view responses



Edit response

- **Step 3.** In the top right-hand corner, you will have a button that allows you to edit your responses

**Please remember to select submit if you need to leave the form and return to ensure your changes are saved**

# Final submission

- Once you have completed the whole form and are ready to submit you will be asked to provide a final few details and to confirm submission.
- Following submission of this form you will receive an automated email with a reference number.
- Please let us know if you intend to send any additional evidence as part of your submission by email. Please include this reference number please include this in your email.

**Should it be required, a word version of the form is available here however please only use this in extenuating circumstances**

**If you have any queries or questions over elements of this form, please contact [sen@warwickshire.gov.uk](mailto:sen@warwickshire.gov.uk)**

## How to save and return to your request

- You can submit your application and return at a later date to complete and edit your responses. **Please note you will need to complete all mandatory questions before you can submit.** Mandatory fields are marked with a \*
- You will then be asked if you would like to save a copy to edit your responses at a later date, if you do not have an account (Microsoft) you will need to create one and once completed you can then return and edit your responses.
- Before final submission please ensure you have provided all the information you wish to and select response complete.
- If you would like to send any additional documents or evidence to support your contributions please email it to [Sen@warwickshire.gov.uk](mailto:Sen@warwickshire.gov.uk) including the child/young persons full name and date of birth.

[+ Insert new question](#)

45. Please confirm whether you will be sending any additional information/evidence as part of your submission. If, so, please send this to the following email address [sen@warwickshire.gov.uk](mailto:sen@warwickshire.gov.uk)

☐ Yes I confirm

46. **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

47. **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

48. **Is the form complete \***

☐ Yes

☐ No - I will save and return

**Please ensure you change the request to complete this lets us know that the submission is complete.**