

**Bradford SENDIASS**

**Education Health and Care Needs Assessment**

 **Parental Request**

[Click this link to access the online portal](https://oneonline.bradford.gov.uk/CitizenPortal_LIVE/en?ReturnUrl=%2FCitizenPortal_LIVE%25)

Or

Scan this QR code

Or

Type <https://oneonline.bradford.gov.uk/CitizenPortal_LIVE/en>

into your internet browser.



**EHCNA Portal Instructions Video**

You can also watch the video which shows each step of the portal alongside some hints and tips!

Access the video by clicking this link: <https://youtu.be/bQyNJCIBJAU>

**EHCNA Preparation Sheet**

Please use this information sheet to support you before you log into the portal to make the parental request. This information sheet will prompt you to gather relevant information and prepare written responses before you access the online request form.

The online form has nine steps in total which are described below:

**Step 1**

Personal details of the parent/carer submitting the request (including name, address, and contact details)

|  |  |
| --- | --- |
| Parent/Carer name |  |
| Relationship to child |  |
| Telephone Number |  |
| Email Address |  |
| Language used at home |  |
| Details of any interpretation/access support needed for the family |  |
| AddressPostcode: |  |
| First preferred method of contact (Email, telephone or post) |  |
| Second preferred method of contact (Email, telephone or post) |  |
| Third preferred method of contact (Email, telephone or post) |  |

**Step 2**

|  |  |
| --- | --- |
| NHS number of the child/ Young person (if not known leave blank) |  |

**Step 3**

Details of professionals currently working with the child/ young person.

|  |  |
| --- | --- |
| Professionals Name |  |
| Role |  |
| Telephone Number |  |
| Email address |  |

|  |  |
| --- | --- |
| Professionals Name |  |
| Role |  |
| Telephone Number |  |
| Email address |  |

|  |  |
| --- | --- |
| Professionals Name |  |
| Role |  |
| Telephone Number |  |
| Email address |  |

|  |  |
| --- | --- |
| Professionals Name |  |
| Role |  |
| Telephone Number |  |
| Email address |  |

|  |  |
| --- | --- |
| Professionals Name |  |
| Role |  |
| Telephone Number |  |
| Email address |  |

**Guidance on completing Step 4 and Step 5:**

In the next two sections you are asked to provide details about the child/young person. We advise that you keep in mind the legal test that the LA considers when requested to carry out an EHC needs assessment. The legal test is:

a) whether the child or young person has or *may* have special educational needs (“SEN”); and

b) whether they *may* need special educational provision to be made through an EHC plan.

If the answer to both questions is yes, they must carry out an EHC needs assessment. Therefore, try to make sure you have detailed the special educational need or disability the child or young person has/may have (meets part A), and detail the support your child/young person needs or may need which the majority of pupils of the same age do not need.

**Step 4**

(Max 3,000 words per answer)

|  |  |
| --- | --- |
| Please provide a brief description of your child’s background |  |
| What are their strengths?  |  |
| What do you admire most about them? |  |
| What is currently working for them? |  |
| What is currently not working so well for them at the moment? |  |
| What are your aspirations for your child’s future in the medium term? |  |
| What are your aspirations for your child’s future in the long term? |  |
| Do you have any other comments? |  |

**Step 5**

(Max 3,000 words per answer)

|  |  |
| --- | --- |
| What do they like and admire most about themselves? |  |
| What do they like doing? |  |
| What makes them happy? |  |
| What do they feel they are good at? |  |
| What do they feel they aren’t so good at? |  |
| What do they think helps them to learn? |  |
| What do they feel keeps them healthy? |  |
| How would they like people to communicate with them? |  |
| What would they like to do when they are older? |  |

**Step 6**

**To be completed by the parent/carer:**

**Request for assessment:** I am in agreement with this request that the Local Authority undertakes a statutory EHC needs assessment for my child.

**Requesting and sharing information**: I give the Local Authority permission to share my/my child’s personal details including religious beliefs, ethnicity, and data concerning health (including NHS number) with relevant professionals and organisations – such as Education, Health and Social Care – to gather evidence for this statutory EHC needs assessment**.**

**Permission to observe:** I give permission for any relevant agency or provider to observe my child in their current setting to provide information to the Local Authority on how best to support their needs.

**Permission to consult:** I give the Local Authority permission to consult with a range of local schools / post-16 institutions / early years providers in the event that my child requires additional support.

**Opting out:** I understand that I have the right to opt out of any/all of the agreements above at any time, and am aware that by doing so, the statutory EHC needs assessment will immediately cease to continue.

|  |  |
| --- | --- |
| Parent Signature ­­­­­­­­­­­­­­­­­­ |  |
| Date: |  |

**Step 7**

**To be completed by the young person if they are 16 or over:**

**Young person consent and declaration note:** after the end of the academic year in which the young person turns 16 (normally Year 11) the right to make requests and decisions under the Children and Families Act 2014 applies to young people directly, rather than to their parents. Parents, or other family members, can continue to support young people in decision making, or act on their behalf, provided that the young person is happy for them to do so.

**Request for assessment**: I am in agreement with this request that the Local Authority undertakes a statutory EHC needs assessment on my behalf.

**Requesting and sharing information**: I give the Local Authority permission to share my personal details including religious belief, ethnicity, and data concerning health (including NHS number) with relevant professionals and organisations – such as Education, Health and Social Care – to gather evidence for this statutory EHC needs assessment. I give the Local Authority Permission to request any information about me regarding this statutory EHC needs assessment.

**Permission to observe**: I give permission for any relevant agency or provider to meet, observe and assess me in my current setting to provide information to the Local Authority on how best to support me.

**Permission to consult**: I give the Local Authority permission to consult with a range of local schools / post-16 institutions in the event that I may require additional support.

**Opting out:** I understand that I have the right to opt out of any/all of the agreements above at any time, and am aware that by doing so, the statutory EHC needs assessment will immediately cease to continue.

|  |  |
| --- | --- |
| Are you happy to liaise with the local authority directly throughout the EHC assessment? (YES or NO) |  |
| If **no**, I nominate the following person to act on my behalf throughout the EHC assessment (Please include contact details) |  |
| Young Person’s Signature ­­­­­­­­­­­­­­­­­­ |  |
| Date |  |

**Step 8**

Upload documents or reports to support the request. You may wish to include:

* Diagnostic/ medical reports
* Speech and Language reports
* Educational psychologist’s reports
* Exclusion letters
* School reports
* Paediatrician reports
* CAMHS
* Social care

This list is not exhaustive, and you may have other documents which provide evidence that your child/young person requires an EHC assessment to take place.

If reports or documents are not available or have not been sought, do not worry, if the Local authority agree to carry out an assessment, they will request certain professionals to undertake assessments that will generate reports.

**Step 9**

Confirm details are correct and submit the form.

**For further information and advice, contact Barnardo’s SENDIASS:**

Telephone: 01274 513300 Email: bradfordsendiass@barnardos.org.uk

Write to: Bradford SENDIASS

 40–42 Listerhills Science Park

 Campus Road

 Bradford

 BD7 1HR

Or visit our website for more useful information: <https://barnardossendiass.org.uk/bradford-sendiass/>