Wokingham Borough Council Education, Health and Care Needs Assessment Request

A supportive form to help share what matters for a child or young person, what support has already been tried, and what may be needed next.



About this request

This form helps us understand the child or young person's strengths, needs, current support and what may need to change.

Please complete what you can. You do not need to have every answer or every piece of evidence before making a request.

Views can be shared in different ways, including written comments, conversations, drawings, photos, observations or communication aids.

If more information is needed, we will let you know and explain what happens next.

What we will consider: *The local authority must consider whether the child or young person has or may have special educational needs, and whether it may be necessary for special educational provision to be made through an Education, Health and Care Plan. You do not need to prove that an EHCP is required before requesting an assessment.*

1. Child or young person's details

Child or young person's details	Response	Child or young person's details	Response
Name		**Preferred name**	
Date of birth		**Year group / age**	
Ethnicity		**Gender at birth**	
Preferred gender		**Pronouns**	
First language		**Any communication needs?**	
Education setting		**Setting contact**	
CYP address		**CYP email / telephone, if appropriate**	
Parent/carer 1 name		**Relationship / parental responsibility**	
Parent/carer 1 address		**Email / telephone**	
Parent/carer 2 name		**Relationship / parental responsibility**	
Parent/carer 2 address		**Email / telephone**	
Allocated social worker? ***(Please add name)***	☐ Yes ☐ No ☐ Not known	**Looked after or previously looked after?**	☐ Yes ☐ No ☐ Not known

2. Who is making this request?

Request made by ***Select all that apply if completed collaboratively.***	**☐ Parent/carer ☐ Young person ☐ Education setting ☐ Other professional**
Name	
Relationship to child or young person	
Organisation / education setting, if relevant	
Email	

Telephone	
Preferred way to be contacted	☐ Email ☐ Telephone ☐ Letter ☐ Other:
Does the person making the request need any help with communication or access?	

3. My voice and my family's views

Share the child or young person's and family's views in writing or another suitable format. Attach separate views if preferred.

How were views gathered?	☐ Conversation ☐ Written ☐ Drawing/photo ☐ Observation ☐ Communication aid ☐ Supported ☐ Other:
Who supported them?	

What do you enjoy, value or want people to know about you?

What feels difficult, and what would help?

Parent/carer views: what is going well, what is worrying, and what needs to change?

What outcome or change would you and your family most like to see?

4. Summary of the request and reasons for requesting an assessment now

Please give a brief summary of what this request is for and why an EHC needs assessment is being requested now. Use the separate boxes below to make clear whose views are being shared. Parent/carer and education setting views may differ; please record each view separately. If a view is not available, say so briefly.

Summary of the request: what are the main concerns, why is an assessment being requested now, and what would you like it to help clarify?

Parent/carer view: why do you feel an assessment is needed now? What needs remain unmet, and what support or change do you hope for? Please include the name and relationship of the person sharing this view.

Education setting view: why does the setting consider an assessment is needed now? What has support already tried shown, what needs remain unmet, and what should an assessment help clarify? Please include the contributor's name, role and setting.

5. What are the child or young person's needs and how do these affect them?

For each relevant area, describe the child or young person's strengths, needs and their impact in the boxes provided. In the evidence box, tell us where to find the supporting information in a report (including the report title, author, date and page or section, if known), or give a brief summary of what has been observed, where, when and by whom.

Communication and interaction	
Child or young person's strengths	
Needs and impact	
Evidence	
Cognition and learning	
Child or young person's strengths	
Needs and impact	
Evidence	
Social, emotional and mental health	
Child or young person's strengths	
Needs and impact	
Evidence	
Sensory and/or physical needs	

Child or young person's strengths	
Needs and impact	
Evidence	
Health needs linked to learning or development	
Needs and impact	
Evidence	
Social care needs linked to SEN or disability	
Needs and impact	
Evidence	

6. Current learning levels

Please record the child or young person's current learning levels using the most recent assessment information available. Include the age of the child or young person when they were assessed or tested, the date of the assessment, and whether the information shows they are significantly behind their peers. For Early Years please attach the Early Years Development Journal (EYDJ) GRID

Area of learning	Current level / attainment	Age at assessment / testing	Significantly behind peers/age related expectations?	Evidence / assessment date
Reading				
Writing				
Maths				
Communication / language				
Other relevant area				

7. Support currently in place, support previously tried and level of success

Please include support that is currently in place and support that has previously been tried through ordinarily available provision, SEN support, reasonable adjustments, intervention plans, pastoral support, health advice or social care support. Be clear about what was provided, when it started or ended, how often it was provided, how long it ran for, and how successful it has been in meeting the child or young person's needs.

Support / intervention	Current or previous?	Who provided it, and how often?	Duration / dates	Success, impact and what still needs to change

8. SEN Support plan and graduated response review cycle

Summarise the current SEN Support plan and assess, plan, do, review cycle. Attach the plan if available.

Is there a current plan, and what are its targets or intended outcomes?

How often is it reviewed, who is involved, and what has changed following review?

9. Outreach, alternative provision and 1:1 professional support

Please include any outreach, alternative provision or one-to-one professional support that is currently in place or has previously been involved.

Outreach, AP or professional	Type of support / role	Current or previous?	What is/was provided, frequency and impact?

10. Evidence checklist

Do not delay making a request if some evidence is not available. Add what you can and briefly explain anything you are waiting for.

Evidence type	Attached?	Date / author
Child or young person views	☐ Yes ☐ No ☐ Not available	
Parent/carer views	☐ Yes ☐ No ☐ Not available	
SEN support plan / graduated approach records	☐ Yes ☐ No ☐ Not available	
Provision map or intervention records	☐ Yes ☐ No ☐ Not available	
Assessment information or progress data	☐ Yes ☐ No ☐ Not available	
Attendance, behaviour or exclusion information	☐ Yes ☐ No ☐ Not applicable	
Health advice or reports	☐ Yes ☐ No ☐ Not applicable	
Social care advice or reports	☐ Yes ☐ No ☐ Not applicable	
Educational Psychology advice	☐ Yes ☐ No ☐ Not available	
Early Years Developmental Journal (EYDJ) Grid	☐ Yes ☐ No ☐ Not available	
Other professional advice	☐ Yes ☐ No ☐ Not available	

11. Consent, information sharing and preferred contact

Information sharing

We will use and share relevant information to consider this request, decide whether an EHC needs assessment is needed, gather advice if agreed, and arrange or review support if an EHCP is issued.

Who we may share with	We may share information with services involved in the request or support, such as the education setting, SEND team, educational psychology, health, social care, early help, specialist teaching, placement, transport or finance teams, and named professionals involved with the child or young person.
When and for how long	Information may be shared while this request and any EHC needs assessment are considered. If an EHCP is issued, relevant information may continue to be shared while the EHCP is in place, including reviews, amendments, placement consultations and support arrangements. We will only share information with people who need it for their role.
If consent is not given	The request will still be considered, but it may be harder to gather advice or arrange support. Information may still be shared where there is a legal duty, safeguarding concern or another lawful reason.
Parent/carer consent	I consent to relevant information being shared for this request, any agreed EHC needs assessment, and any EHCP support, reviews or amendments if an EHCP is issued. ☐ Yes ☐ No ☐ I would like to discuss this first Name: _____ Signature: _____ Date: _____
Child or young person consent, where appropriate	I understand that information about me may be shared with people who need it to help decide what support I need. I agree to this, where appropriate. ☐ Yes ☐ No ☐ I would like someone to explain this to me

	Name: _____ Signature or preferred confirmation: _____ Date: _____

12. Final check before submitting

Final check	Status	Notes
The request explains the child or young person's needs and impact clearly.	☐ Yes ☐ Info unavailable	
Child or young person views have been included or the reason they are not included is explained.	☐ Yes ☐ Info unavailable	
Parent/carer views have been included or the reason they are not included is explained.	☐ Yes ☐ Info unavailable	
Support already tried has been described, including frequency, duration and impact where known.	☐ Yes ☐ Info unavailable	
Evidence has been attached where available, or missing evidence has been explained.	☐ Yes ☐ Info unavailable	
The request explains why an EHC needs assessment is being requested now.	☐ Yes ☐ Info unavailable	
The graduated response, unmet need and support beyond ordinarily available provision have been explained.	☐ Yes ☐ Info unavailable	
Contact details and communication needs are clear.	☐ Yes ☐ Info unavailable	

Sign-off

Name	Role / relationship	Signature	Date