|  |
| --- |
| **Name** |
| **DoB: ../../….** |

*Insert image - photograph or drawing*

*of child or young person*

|  |  |
| --- | --- |
| Setting |  |
| Compiled by |  |
| Role |  |
| Telephone |  |
| E mail |  |
| Date of submission | ../../…. |

|  |
| --- |
| **Schools and settings**  In the vast majority of situations, we would expect evidence of 2 cycles of the graduated response. Information from a previous school / setting or outside professionals may be used but is not essential if you have sufficient evidence without it. If you cannot complete 2 cycles, please state the reasons why in your request – this will be a rare number of urgent cases such as moved-in from abroad and requiring highly specialist support. |

**⬛** The Child or Young Person’s Personal Details

|  |  |  |
| --- | --- | --- |
| Personal Details | | |
| Full name |  | |
| Known as |  | |
| Date of Birth |  | |
| Year Group |  | |
| UPN or NHS number |  | |
| Address |  | |
| Main contact phone number |  | |
| Parent/carer’s details | Parent/carer 1  Parental responsibility: Y/N  Name:  Address:  Telephone:  Email: | Parent/carer 2  Parental responsibility: Y/N  Name:  Address:  Telephone:  Email: |
| Preferred method of contact | Telephone/email/letter | |
| Correspondence copied to |  | |
| Preferred time for calls/meetings |  | |
| Language |  | |
| GP name and address |  | |

|  |  |  |
| --- | --- | --- |
| Child Looked After by the Local Authority (CLA) | | yes/no |
| Social Worker Name |  | |
| Social Worker Contact Number |  | |
| Social Worker Address |  | |
| Local Authority & Team |  | |
| Who has parental responsibility? |  | |

|  |  |  |
| --- | --- | --- |
| Forces Family | | yes/no |
| Details |  | |

|  |  |
| --- | --- |
| **⬛** | **Section A -** All About Me the views, interests and aspirations of the child and his or her parents or of the young person |

|  |  |
| --- | --- |
| A1 What I’m good at, what people like about me… | |
| **My views** |  |
| What others say: |  |

|  |  |
| --- | --- |
| A2 What’s going well for me is… | |
| **My views** |  |
| What others say: |  |

|  |  |
| --- | --- |
| A3 What’s not going so well for me now is… | |
| **My views** |  |
| What others say: |  |

|  |  |
| --- | --- |
| A4 What’s important to me now is… | |
| **My views** |  |
| What others say: |  |

|  |  |
| --- | --- |
| A5 What’s important to me in the future is… | |
| **My views** |  |
| What others say: |  |

|  |  |
| --- | --- |
| A6 How you can help me to make choices and to let you know what I want to happen… | |
| **My views** |  |
| What others say: |  |

|  |  |
| --- | --- |
| **⬛** Parent or Carer Views | |
| Completed by: |  |
| Date |  |
| Our child’s story so far… |  |
| My child’s strengths are… |  |
| What’s going well is… |  |
| What’s not going so well is… |  |
| What’s important for my child now is… |  |
| What’s important for my child in the future is… |  |
| Any other comments? |  |

|  |
| --- |
| **Parent(s) or carer(s): information sharing and consent** |
| **Consent to seek and share information about children and young people undergoing an Education, Health and Care assessment or who have an EHC Plan or Statement:**  North Yorkshire County Council has a responsibility to you and your family to ensure that we manage your personal information sensitively. This includes sharing your information appropriately with other services and storing your data securely.  We are required to adhere to the requirements of the Data Protection Act 2018 and other relevant legislation including the General Data Protection Regulation, to maintain confidentiality and to obtain your consent when sharing your information with other professionals and organisations.  All information relating to your Education, Health and Care Assessment/Plan/Statement will be securely stored, and will only be accessed by professionals involved in the assessment and the provision of services to your child.  According to the law (Reg. 6(1) SEND Regs. 2014) the LA must seek information and advice on SEN / provision / outcomes from a range of agencies and people. These are:   1. The child or YP or parents 2. Head of school or post 16 setting 3. Health Care professionals 4. Educational Psychologist 5. Social Care 6. Any other person the LA thinks appropriate (including specialist teachers/practitioners and NHS practitioners) 7. A professional in relation to preparing for adulthood, e.g. Careers Advisor (for pupils in or beyond year 9) 8. Any person you would like us to seek advice from   As soon as you request an assessment, the LA has a statutory duty to seek information and advice from the agencies listed above and your consent is not required. The information collected regarding the child or young person’s Statutory Assessment process may also be used for the planning / evaluation of provision for children and young people with SEN or disabilities.  In some exceptional circumstances, for example, where there is a significant risk to a child or young person’s safety, we may need to share information without consent.  We must also share the assessment advice and Education, Health and Care Plan with current and/or future potential nursery, school or college settings to ensure they have the full information to allow them to meet your child’s needs. This will happen following the completion of the statutory assessment or subsequent review of the Education Health and Care Plan.  If you would like further information about how NYCC processes your personal data please refer to <https://www.northyorks.gov.uk/privacy-notices>  Should the Local Authority agree to assessment, I agree to this assessment and understand that the Local Authority will have a duty to seek advice and share this information with other relevant agencies and professionals as specified in Sec 6(1) of the SEND Regulations 2014. Those agencies and professionals have a statutory duty to supply that advice to the Local Authority when requested.  This must be signed and returned with the ECHAR submission.  Child/young person’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature (if over 16) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/carers name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |