DERBYSHIRE County Council

Request for an Education, Health and Care Needs Assessment

Health Needs

Child's name		Date of birth	

This information will help health services to consider and coordinate any further assessment required. Indicate if your child/ pupil has an area of need and tell us more about how this affects your child:

Does your child/ pupil have difficulties in any of the following areas?	No	Yes	Impact on everyday life
General physical health	◯	◯	
Airway and breathing, including chest infections	◯	◯	
Pain	◯	◯	
Seizures	◯	◯	
Eating, drinking, swallowing	◯	◯	
Growth / weight	◯	◯	
Mobility, getting around	◯	◯	
Bowel and bladder e.g. wetting constipation, toileting	◯	◯	
Vision (eyesight)	◯	◯	
Hearing	◯	◯	

Communication, speech or other methods	◯	◯	
Allergies or medication	◯	◯	

Health Professional Involvement:

Please list the contact details of any relevant professionals who have assessed or been involved with the child/young person. Include copies of any reports to help us with our decision making.

Name of medical / health professional	**Job title of medical / health professional** e.g. GP, Health Visitor, School Nurse, Paediatrician, Audiology, Therapists, others	**Tick if seen in the past year**	**Report enclosed?**

Does your child/ pupil have an Individual Health Care Plan at nursery / school / college? If yes, please attach.	

Are you waiting for any health assessments / appointments? Please tell us what for and who with:
Details of any diagnosis: include date and professional who made the diagnosis, if known, and any supporting information e.g. doctor's letter.
Please tell us anything else about your child's health that you think is important we know:

Please return to Derbyshire County Council ASAP so that, if necessary, we can request additional information for your child