



Request for an Education, Health, and Care Needs Assessment

Child’s / Young Person’s Details:

Child’s Name:	
Child’s Date of Birth:	

Child’s / Young Person’s Health Needs:

The following information will help health services to consider, and co-ordinate any further assessment required. Indicate if the child or young person has an area of need and tell us more about how this affects the child.

Areas of difficulty:	Confirm:	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		
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: (E.g., GP, Health Visitor, School Nurse, Paediatrician, Audiology, Therapist, etc.)	Seen in the past year:	Report enclosed?
Does the child or young person have an Individual Health Care Plan at nursery, school, or college? (If yes, please attach)			
Are you waiting for any health assessments or appointments? (Please tell us what for, and who with)			
Details of any diagnosis: (Include date and name of professional who made the diagnosis, if known. Please include any supporting information, E.g., doctor's letter)			
Additional information about the child's or young person's health that you believe is important for us to know:			