



## Young person's consent when making a case for an Education, Health and Care Plan

Once complete, please return to [senmas@stoke.gov.uk](mailto:senmas@stoke.gov.uk)

### Details of young person:

**Name:**

**Any alternative name:**

**Date of birth:**

**Home language:**

**Address:**

### I understand that:

- the LA is considering an EHC Assessment for me.
- if the LA agrees to this, the EHC Assessment will be used to decide whether I require an Education, Health and Care Plan
- an Education, Health and Care Assessment is a legal process and if agreed the LA is required to collect information about me from a range of agencies.
- to do this the LA must have my permission

### I give my permission for:

- an Educational Psychologist to consult with relevant professionals and myself to produce written advice for the LA
- I consent to any healthcare professional who has recently been involved in assessing or treating me being requested to provide a report to inform the Educational Health and Care assessment and planning process.
- the Child & Adolescent Mental Health Service to provide the LA with any relevant information they hold about me.

**Please sign below to indicate that you understand this form and give your consent as set out above.**

**Name:**

**Signature:**

**Date:**