**SEN Officer:**

**District Assistant:**

**Kent County Council**

**Consent Form For:**

* **Special Educational Needs and Disabilities (SEND) Statutory Assessment processes and the ongoing monitoring and maintaining of Education, Health and Care (EHC) Plans or Statements of Special Educational Needs (until August 31st 2018) including Annual Review Processes**
* **High Needs Funding and SCARF Processes**

**I/ we understand the information collected regarding my/our/child’s**

* **Statutory Assessment process** including that of any ongoing monitoring arrangements such as Annual Review processes should an Education, Health and Care plan be issued, is recorded and will be used for the purpose of gathering information to inform KCC decision making processes (including any associated decision making process made by a Clinical Commissioning Group or NHS England Area Team) and the planning of provision for children and young people with SEN or disabilities at both individual and strategic levels (including evaluation of service to inform improvement).
* **High Needs Funding or SCARF process,** this will include exchange of information between the educational provider and the LA in relation to the cost of the support for you or your child in your/their educational setting

I/we agree to the sharing of information between all practitioners and agencies in relation to all aspects of the Statutory Assessment Process and ongoing monitoring of Education, Health and Care (EHC) plans or Statements of Special Educational Need (SSEN) if issued and High Needs Funding or SCARF Processes, this may include but is not limited to the Education providers, Local Authorities education services including SEN, KIASS or Finance for example, Children and Adult Social Care services; NHS providers, NHS Clinical Commissioning Group, NHS England Area Team; Therapists; Teachers; Doctors; Psychologists; YOT; Social workers; Youth Justice Service and Other Local Authority services

Please sign your name in the boxes below and make clear whether you are the child, the young person\*, a parent or a carer/guardian and date.

**Child or Young Person’s Name:………………………………………………………………………....**

|  |  |  |
| --- | --- | --- |
| **Name** | **Status (Child/Young Person/parent/ Carer)** | **Date** |
| Name: |  |  |
| Signature: |  |  |
| Name: |  |  |
| Signature: |  |  |
| Name: |  |  |
| Signature: |  |  |

|  |  |
| --- | --- |
| If you are a young person please tick the box if you agree for the LA to share information with your parents/carers  |  |

The Special Educational Needs and Disability Regulations 2014 make clear under regulation 6 that the Local Authority has a Statutory Duty to seek advice and information from all persons specified. The Local Authority **must** do this. Only in exceptional circumstances where the safety of the young person or child is at risk will the Local Authority **not** consult. Please tell us of any individuals or agencies we cannot consult with where to do so would put the safety of the young person or child at risk. Please give reasons why. The Local Authority will need evidence to support this.

|  |  |
| --- | --- |
| **Name of agency individual or agency**  | **Reasons**  |
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*\*The SEN Code of Practice provides statutory guidance on duties, policies and procedures relating to Part 3 of the Children and Families Act 2014 and associated regulations and applies to England. It relates to children and young people with special educational needs (SEN) and disabled children and young people. A ‘young person’ in this context is a person over compulsory school age and under 25. Compulsory school age ends on the last Friday of June in the academic year in which they become 16. For ease of reference, young people are referred to in the Code of Practice as ‘over 16’.*