**YOUNG PERSON ADVICE**

 **Education, Health and Care (EHC) Needs Assessment**

The information you provide is a valuable part of the education, health and care (EHC) needs assessment process. If an EHC plan is required, then we will use your information, along with other reports, to help write the plan.



Suffolk SENDIASS offers free confidential information, advice and support to young people and parents/carers. They can help you understand the EHC needs assessment process and support you to share your views if you want. You can find out more here: [www.suffolksendiass.co.uk/young-people/education-health-and-care-plans/](http://www.suffolksendiass.co.uk/young-people/education-health-and-care-plans/)

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| **YOUR DETAILS** |

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| --- | --- | --- | --- |
| First name |  | Surname |  |
| I like to be called: |  | Date of Birth |  |
| Home Address |  |
| Home tel. number |  | Mobile number |  |
| Email |  |
| Home language |  | Nationality |  |
| Ethnicity |  | Religion |  |
| What school or educational setting are you attending? (If you are not going anywhere at the moment give the name of the last school / setting you attended) |  |

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| **How do you like others to communicate with you?**  |
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| **YOUR FUTURE** |

The following question – ‘**What do you want to be doing?**’ – relates to your life as a whole. Think about:

* Subjects you would like to study
* College/university courses
* What kind of job you would like
* Work experience
* Voluntary work
* Activities that you do or would like to do
* How you want to live your life
* Where you want to live / who you want to live with
* Being healthy (physically and mentally)

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| **What do you want to be doing?** | **What do you need to be able to achieve this?** |
| In a year from now: | During the next year: |
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| In three years (when I am \_\_\_ years old): | Over the next three years: |
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| When I’m grown up, I would like to: | I will need to: |
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| **ABOUT YOU** |

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| **What do you think are your strengths? What are you good at?** |
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| **What would you like to get better at? What do you need help with?** |
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| **What does good support look like for you, to help meet your needs?** |
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| **Is there anything else you would like to tell us?** |
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| **CONSENT** |

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| **I have completed this form (please tick):** |
| On my own [ ]  | With someone helping [ ]  |
| **If someone has helped, please give their details:** |
| First name |  | Surname |  |
| Email |  | Telephone |  |
| Relationship to you |  |

**As outlined in the SEND Code of Practice, information sharing is vital to support an effective assessment and planning process which fully identifies needs, outcomes and the education, health and care provision you might need. Practitioners/services who are supporting you may share relevant information about you with us, and we will also share the information you provide with other advice givers so that you do not have repeat yourself to different agencies.**

**All personal data is recorded and shared in compliance with the General Data Protection Regulation (GDPR).**

Your Signature: Date:

If you are not able to sign this form, then the person helping you to complete it can sign on your behalf.

Signature of your representative: Date:

**This form will not be accepted unless it has been signed.**

**Once completed, please return this document to the relevant Family Services Team.**

Lowestoft & Waveney (Lowestoft Office): SENDLW@suffolk.gov.uk

Ipswich & Suffolk Coastal (Ipswich Office): SENDSS@suffolk.gov.uk

West & Central Suffolk (Bury St Edmunds Office):  SENDWS@suffolk.gov.uk