**FAMILY ADVICE**

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

The information you share in this form helps us to understand your child/young person and their needs/difficulties, as you are the expert on your child/young person. The information you provide is a valuable part of the education, health and care needs assessment process. If a plan is required then your views, along with other reports, will inform the writing of the plan.

Qr code

Description automatically generatedIf you need this form in another language or a different format, please contact the relevant Family Services team (see bottom of form). If you need help completing this form, you can contact the SENDIASS support line on 01473 265210 (available 9am – 5pm Mon-Fri).

SENDIASS have some really helpful information about providing your views: <https://suffolksendiass.co.uk/education-health-care-needs-assessments-and-plans/family-views/>

**Completing this form electronically is the best way to make sure you have enough room to tell us everything you want us to know. If you choose to complete this form by hand, you can use additional sheets of paper and send these to us with the form.**

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| **PERSONAL INFORMATION** |

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| **DETAILS OF THE CHILD/YOUNG PERSON** | | | |
| First name |  | Surname |  |
| Likes to be called |  | | |
| Date of birth |  | Gender |  |
| Home Address |  | | |
| Contact details |  | | |
| Ethnicity |  | Nationality |  |
| Religion |  | Home language |  |

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| **YOUR DETAILS – THE PARENT/S OR PERSON RESPONSIBLE** | | |
|  | **Parent / Carer 1** | **Parent / Carer 2** |
| Title |  |  |
| First name |  |  |
| Surname |  |  |
| Relationship to child/young person |  |  |
| Parental responsibility? | Yes / No | Yes / No |
| Home address (if different to child/ young person) |  |  |
| Contact telephone number/s |  |  |
| Email |  |  |
| Best way to contact you? |  |  |
| Ethnicity |  |  |
| Nationality |  |  |
| First language |  |  |

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| What educational setting (pre-school, nursery, school, post-16) is your child/young person currently attending?  (Please provide details of last setting attended if not currently attending any) |  |

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| **ABOUT YOUR CHILD/YOUNG PERSON** |

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| **What are your hopes, dreams and ambitions for your child/young person?**  **What do you hope they will be able to achieve?**  **What has your child/young person communicated about their aspirations?** |
| In the short term:  In the long term: |

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| **Please tell us a brief history about your child/young person - what you would like us to know about them and anything you feel might be useful to help identify needs.** |
| *For example, this could include early childhood, schooling history, medical history, home life and relationships.* |

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| **What does your child/young person like? What are their interests?** |
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| **What is the best way to communicate with your child/young person, and help them to make decisions and choices?** |
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| **What do you consider are your child/young person’s strengths, even with support?**  **What do you love about your child/young person?** |
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| **What are your child/young person’s needs and difficulties that impact on their learning, experience of school, their home life and access to the community?**  (Your child/young person does not need a diagnosis)  **This could include any of the following:**   * **Communication and Interaction** * How your child/young person communicates their wants and needs * Their speech * How much language they understand * Ability to hold a conversation and understanding of jokes and non-literal language * Use of body language or signing to communicate or gain a person’s attention * **Cognition and Learning** * Cognitive ability in different areas * Academic skills and progress – e.g., reading, writing, spelling, maths * Approach to learning – attention, motivation, independent working, ability to follow adult-directed tasks * **Social, Emotional and Mental Health (SEMH)** * Relationships with other children/young people and adults * Ability to work and play with others, including taking turns and sharing * Empathy * Behaviour your child/young person displays * Confidence and self-esteem * Independence and life skills (Year 9 and above) * **Physical** * Gross and fine motor skills * Self-help skills – toileting, washing, dressing, feeding * Sensory processing – being over- or under-responsive to sensory input * **Sensory** * Any visual or hearing impairments or difficulties * **Health/Medical Needs** * **Home and Community Life (‘social care’)** * Impact of child/young person’s needs/difficulties on life at home (for them, you and other family members) * How needs/difficulties impact on child/young person’s ability to go out and about, access activities, etc. * Information about any current or previous support from a social worker or family support practitioner and the impact of this * Is your child/young person registered with Activities Unlimited? What support have they / you received? |
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| **What is the best way to support your child/young person? What has helped / what is helping?**  (Including in education setting, at home and when out and about) |
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| **What are you hoping will change for your child/young person following an Education, Health and Care Needs assessment?** |
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| **Are there any other services or professionals who are currently or were previously supporting you and your child/young person?** *If yes, please provide us with their details.* | | | | |
| **Name** | **Job title** | **Organisation / Service** | **Dates of involvement** | **Contact details** |
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| **Has your child/young person been referred to any services / Are you waiting for any appointments, assessments or reports?***If yes, please provide details* |
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| **Is there anything else you would like to tell us about your child/young person?** |
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**As outlined in the SEND Code of Practice, information sharing is vital to support an effective assessment and planning process which fully identifies needs and outcomes and the education health and care provision needed by the child or young person. 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).**

**Read** [**Suffolk’s Children and Young People Services (CYP) privacy notice**](https://www.suffolk.gov.uk/about/privacy-notice/children-and-young-people-services-privacy-notice)**.**

Your Signature/s: Date:

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](mailto:SENDLW@suffolk.gov.uk)

Ipswich, Coastal & South Suffolk (Ipswich Office): [SENDSS@suffolk.gov.uk](mailto:SENDSS@suffolk.gov.uk)

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