



Parent / Carer / Young Person's Advice for an Education, Health and Care needs Assessment

In accordance with the Children and Families Act 2014 the local authority is initiating an Education, Health and Care (EHC) assessment. This form provides you with the opportunity to give your advice about the young person's/your difficulties.

Young Person's Full Name:	Date of Birth:
Contact Details (phone number, mobile number, email address):	Educational Setting name:
	Year Group:

Parent/Carer Details

2nd Parent/Carer

Name:	
Relationship:	
Contact Details:	
Address:	

Parental Views

This section provides you with the opportunity to give your assessment of your child's / young person's difficulties and the support that you believe is necessary to meet their Special Educational Needs in their educational establishment. It is important to provide as much information as possible as this will assist the Local Authority in deciding whether an EHC Plan is required.

Section A – Background

Which professionals, if any, have been involved with your child in the last 12 months?

Name	Contact Details	Details of Support/Services Provided	Report Attached

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What do you consider your child/ young person's difficulties to be which are acting as barriers to curriculum access and progress? You may wish to complete more than one section.

Communication and Interaction	
Cognition and Learning	
Social, Emotional and Mental Health	
Sensory and/or Physical Needs	

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Section B – Educational

Please list all the educational settings your child/young person has attended in the last 5 years?

Educational Setting Name	Year Group	Start Date – End Date	Reason for leaving

What are your aspirations for your child / young person in the next 6 months within the current educational placement?

What are your desired outcomes for your child / young person?

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Tell us what you feel is working at the educational placement.

What do you feel is not working at the educational placement.

Have you discussed your concerns with the educational placement and what was their response?

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What progress, if any, has your child / young person made?

What support has your child / young person received, if any?

What support do you believe they require?



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How do you think an Education Health and Care Plan would help you/your child / young person in their educational placement?

If an EHC Plan is agreed, would you be interested in receiving a personal budget?

Yes No If yes please give details

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Section C – Health and Social Care

Do your child's / young person's difficulties impact on your family at home? *(Please provide details.)*

Are you receiving support from social care? *(Please provide details including the name of your social worker and details of the support provided e.g. Direct Payments, short breaks).*

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Is there any further social care support you feel is necessary to support your child's / young person's learning disability?

Does your child / young person have health difficulties which impact on them at home and at school / educational setting?

(Please provide details.)

What support, if any, is your child / young person receiving from the health service either at home or in school / educational setting? (This may include support from your GP, Specialist Therapist, Paediatrician, and Psychiatrist. Please provide details of the support provided.)



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What health support do you feel is necessary to support your child's / young person's learning needs?

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In respect of support from health and social care, would you like us to refer you to those services for an assessment for support?

No thank you <input type="checkbox"/>	Please refer to health services <input type="checkbox"/>
Please refer to both services <input type="checkbox"/>	Please refer to social care services <input type="checkbox"/>

Signature:		Date:	
Signature:		Date:	

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Views of the Young Person

This section provides you with the opportunity to let us know about your difficulties and the support you feel is required to meet your Special Educational Needs in your educational setting. It is important that you provide as much information as possible as this will assist the Local Authority in deciding whether an EHC plan is required to support you.

About Me:

Please tell us about yourself. For example, what does a good day and bad day look like for you?

Tell us what is important to you and why?

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What do you like doing?

Please tell us about your family and the relationship you have with them?

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Explain why you think an Education, Health and care Plan could be helpful to you. Include details on what it is that isn't working for you right now and how having a plan would make this better for you to enable you to become the person you want to be:

Parental Consent:

I agree to information submitted, to the Local Authority Provision Agreement Panel being shared and discussed. I understand that this will involve seeking and sharing information with other agencies. I give my consent to the sharing of such information. All information provided is, and will remain, confidential, and is held in accordance with the Data Protection Act 1998.

Signature:		Date:	
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SEEKING SUPPORT

If you have any questions in relation to the completion of this form you can seek advice and support from the following:

St Helens SEND information, Advice and Support Service (IASS) – 01744 673428 or the Additional Needs Service – 01744 671 112

Please return this form, together with any reports to:
People's Services, Additional Needs, Administration Service, Atlas House, Corporation Street, St Helens, Merseyside, WA9 1LD. Email: SENDAdmin@sthelens.gov.uk

Office Use

Date Received:	Response due by:
Officer:	Panel Date: