Please return to the SEND Statutory Assessment & Review Service



Email: SENDassess&review@sheffield.gov.uk

Post: Level 5, Little West Wing, Moorfoot, Sheffield, S1 4PL

**EHC1p form**

**Child and Family Views**

This form should be used by children and families to provide information for an Education, Health and Care (EHC) needs assessment. Most information should already be included as part of a completed My Plan (Part 1 and 2), however, this is the opportunity for children, young people and their families to provide any further information that may be relevant. This information will be used to populate Section A of any agreed Education Health and Care Plan. If you feel it is already contained in the My Plan please tell us

CONSULTATION TEMPLATE –OUTCOMES FIRST VERSION

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| **Information provided by:** | |
| **Name:** | |
| **Relationship to child:** | |
| **Address:** | |
| **Telephone:** | **Email:** |
| **Date completed:** | |

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| --- |
| **Child/young person’s details:** |
| **Name:** |
| **Date Of Birth:** |
| **Current school/setting:** |

|  |  |
| --- | --- |
| **People with parental responsibility:** | |
| **Parent/carer 1:** | **Relationship:** |
| **Address (if different):** | **Telephone:** |
| **Email:** |
| **Parent/carer 2:** | **Relationship:** |
| **Address (if different):** | **Telephone:** |
| **Email:** |

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| **Please tell us who lives in the family home and their relationship to the child:** |
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**Part 1: Child / Young Person’s Views**

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| **What others like about me and what I like about myself:** |
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| **What is important to me now:** |
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| **What is important to me in the future – my hopes and dreams:** |
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| **The things I think I need help with are:** |
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| **What are the best ways to help and support me?** |
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| **What’s the best way to communicate with me?** |
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**Part 2: Parent / Family Views**

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| **Our hopes and dreams for our child’s future – Our Aspirations** | | |
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| **Our child’s history and background** | | |
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| **What does our child like and what are they good at?** | | |
|  | | |
| **What’s not working for our child? What they need help with?** | | |
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| **What is working and could be better in the following areas:** | | |
| **Tell us about** | **What’s working well** | **What could be better and do they need help with** |
| Physical Health:  Health and Wellbeing including areas such as sleep, medical needs and physical needs |  |  |
| What they think of themselves:  Personal Identity and self-worth, including managing emotions and behaviours |  |  |
| Self-Care skills:  How they look after themselves |  |  |
| How independent they are:  Family and social life including how they spend their time in and out of the home |  |  |
| How they get on with others:  Friendship and family relationships |  |  |
| Education:  What they’re like in education and how they feel about it |  |  |
| Communication:  How they communicate and what happens when they try to communicate |  |  |
| **What impact does our child’s needs have on the family and the home?** | | |
|  | | |
| **What needs to change for our child?** | | |
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| **Think about your child moving towards the next phase of life and education or adult life. What hopes do you have? Do you have any concerns?**    **Think about them moving from age 2, Age 9 (Year 4), Age 14 (Year 9), Age 17 (Year 12)** | | |
|  | | |
| **Who else do you think might need to be involved in discussions about support and progression to the next stage of life and education for your child?** | | |
|  | | |
| **Who else should we contact to gather information about your child’s Special Educational Needs and Disabilities?**  **Please tell us about specific individuals who are already involved with your child and any services you feel may need to be involved as part of an assessment** | | |
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