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| **Parent Carer Advice to Inform EHC Needs Assessment** |
| **Caseworker Name**  | **Date Sent**  | **Date Response Due**  |
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| **Child’s Name:** |  |
| **Date of Birth:** |  |
| **Name of Parent/Carer:**  |  |
| **Date of Completion:** |  |

Parents and Carers can access support to complete this form from the following places:

* Your Child’s School
* SENDIASS

**Website:** [www.kids.org.uk/Hull-sendiass](http://www.kids.org.uk/Hull-sendiass)

**Email:** enquiries.yorkshire@kids.org.uk

**Phone:** 01482 467 541

* Through conversation with your SEND Caseworker

**SEND Caseworker Name:**

**Email:**

**Telephone Number:**

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| **Parent/Carer Views**  |
| **This is my/our child’s story so far:** | *Is there important information from your child’s life so far which you wish to share?* *When were concerns first identified? Who by? What support if any was suggested/implemented?*  |
| **What is your child good at? What do they enjoy doing?** | **In School** |
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| **Out of School** |
| *Does your child attend any activities out of school or particular interests which they like to pursue?**Are there people, family members or pets who are important to your child?* |
| **Does your child have any identified health conditions or diagnoses?** | *Does your child have any diagnosis or identified health conditions?* *Do they regularly take any medication (prescription or over the counter)?* *Are they awaiting further support/Assessment from Health Practitioners? If so are there dates by which outcomes are expected?**Are there any other concerns of suspected undiagnosed medical conditions?* |
| **What does your child find difficult?** | **In school:** |
| *What aspects of school does your child find difficult? This could include difficulties accessing academic work, the physical environment, communication, their social and emotional mental health or social aspects of school**Do they find understanding communication difficult?**What are their barriers to learning?* *What is preventing them from making progress? What is it that they need to be able to do to make progress?**Are there challenges which your child faces with processing the sensory aspects of the school environment?* |
| **Out of School:** |
| *Think about their day both before and after school as well as at a weekend?* *Do they attend activities out of school where difficulties are identified?**Can they get themselves ready for school?* *Can they follow instructions?* *Do they have age-appropriate independent skills? E.g. Toileting, self-care (bathing, brushing their hair, teeth), travel skills* *Are there challenges which your child faces with processing the sensory aspects of the wider world and unfamiliar places?* *Are there other circumstances at home which you feel are important for us to know about?*  |
| **How does your child communicate their needs and wants?** | *How does your child prefer to communicate? For example Do they use assistive technology, require a form of signing or other strategy? Would they prefer not to speak? Does this differ in and out of school?**Who in school understands your child best? This could be any school based member of staff such as the class teacher, a member of support staff, the SENCO etc.**Where in school does your child feel safest?*  |
| **Recommended support or strategies which I/we find useful to support my/our child** | *Is there any support that your child currently receives that is working well and that you would like to continue.* *Is there anything that works well inside or outside of school?**Is there any support that you feel is helpful and should be shared or sought moving forward?**How to support my child when they are not coping.*  |
| **My/Our hopes and aspirations for my/our child’s future:** | **Short Term (in the next couple of years)** |
| *What are your hopes for the next couple of years?**What skills would you like your child to develop?* *What small steps could be taken to achieve these goals?* |
| **Long Term** |
| *What would you like them to be able to achieve in the long term?* *What are your hopes and dreams for their future? Think about employment and independence and what they will need to achieve this.**What small steps could be taken to achieve long term goals?* |
| **What do you hope will be achieved as a result of this Education Health and Care Assessment?** | *What do you hope this process will provide for your child?* *What difference do you hope an EHC Plan would make?* |

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| **Parental Consent** |
| I / we agree that information about my child and our family can be accessed on a ‘needs to know’ basis by education, health and social care as appropriate and can be shared with future providers to help them plan provision and appropriate support. You also agree that we can seek information and advice from other services as appropriate. |
| Signature of person giving consent: |  |
| Name of person giving consent:  |  |
| Contact tel. no:  |  |
| Contact email: |  |
| Date: |  |

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| **Please return this form, together with any additional reports that you wish to be included in the Education, Health and Care needs assessment to:** **By post:** SEND Assessment & Review Team, Hull City Council, Brunswick House, Strand Close, Beverley Road, Hull, HU2 9DB**By e-mail:** In Microsoft Word format to: SEND@hullcc.gov.uk**By secure e-mail:** Please contact the SEND Assessment and Review Team (01482) 616007 |