|  |
| --- |
| **Parent/Carer’s Views to inform EHC Review** |
| **Learner Name:**  |  |
| **Date of Birth:** |  |
| **Name of Parent/Carer:**  |  |
| **Return Date:** | Please complete this form and return it to the EHC Review Meeting organiser no later than 2 weeks before the EHC Review Meeting so that this can be circulated with all other reports as set out in the SEND Code of Practice.  |
| 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 Case Worker

**Name:** **Email:** SEND@Hullcc.gov.uk **Telephone Number:** 01482 616 007 |
| **Are the Parent/Carer Views in the EHC Plan still accurate?** Yes [ ]  No [ ]   |
| **What areas has your child enjoyed/developed in the previous 12 months?**  |
| **In school** | **Out of school**  |
|  |  |
| **What my/our child continues to find difficult:** |
| **In school** | **Out of school:**  |
|  |  |
| **Have any new strategies helped to support your child in the previous 12 months?**  |
|  |
| **What we/I believe is important for my/our child in the next year** |
|  |
| **Any other comments?** |
|  |
| **Date completed:**  |  |