|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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](mailto:enquiries.yorkshire@kids.org.uk)  **Phone:** 01482 467 541   * Through conversation with your SEND Case Worker   **Name:**  **Email:** [SEND@Hullcc.gov.uk](mailto: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:** | | |  | |