**Education, Health and Care Needs Assessment (EHC NA)**

PARENT / CARER VIEWS

Dear parent or carer,

An Education, Health and Care Needs Assessment (EHCNA) has been requested for your child and we warmly encourage you to provide information as part of that process.

Please complete as much of the form as you can. The information will help us have a better understanding of your child.

You may like to keep a copy of this form and information. You can use it to share with other agencies if they ask for similar information.

If an EHC NA is agreed for your child, your named Provision Lead will contact you again to ask if you would like to update the information sent to us in this form, to contribute to the EHCNA process. If an EHC NA is not agreed for your child, your named Provision Lead will contact you to discuss what will happen next.

If you would like help in completing this form, you can ask:

* **The SENDCo at your child’s school or other education setting**
* **The Dorset Special Educational Needs and Disability Information Advice and Support Service (SENDIASS)**

Website: [Dorset SENDIASS](https://www.dorsetsendiass.co.uk/)

Email: dorset.sendiass@family-action.org.uk

* **The Education and Early Help Team, contact details below**

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| **Contact details for the Education and Early Help Team in your area:** |
| **Chesil locality**chesillocality@dorsetcouncil.gov.uk01305 762400**Dorchester locality**dorchesterlocality@dorsetcouncil.gov.uk01305 224220**East Dorset locality**eastlocality@dorsetcouncil.gov.uk01202 868224 | **North Dorset locality**northlocality@dorsetcouncil.gov.uk01258 474036**Purbeck locality**purbecklocality@dorsetcouncil.gov.uk01929 557000**West Dorset locality**westlocality@dorsetcouncil.gov.uk01308 425241 |

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| **Child/Young Person’s Name:** |  |
| **This form has been completed by:**  |  |
| **Signature:** |  |
| **Date:** |  |

GENERAL INFORMATION

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| **Child/Young Person’s details** |
| First name/s |  | Middle name/s |  |
| Surname/s  |  | Prefers to be known as  |  |
| Date of birth |  | Main method of communication |  |
| Sex |  | Gender and preferred pronouns |  |
| Home address |  |
| Telephone number (if over 16) |  | Email address (if over 16) |  |
| Ethnicity |  | Religion |  |
| Languages spoken at home |  | Is interpretation required? |  |
| **Parents’/Carers’ details** |
| Name and title |   |  |
| Address |  |  |
| Telephone number |  |  |
| Email address |  |  |
| People with Parental Responsibility  |  |
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| **Current education / training setting** |  |

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| **Who is currently involved in supporting your child or young person?**Please include details of any Health professionals, educational professionals (including Educational Psychologist), any Social Care professionals, and anyone else who you think may be relevant.  |
| **Name** | **Role** | **Has this person provided you with any written information or reports?** |
|  | Headteacher / SENCo at your child's setting |  |
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| **Please send copies of all the reports you have listed if you have them available.** |

***Please add more rows as needed***

YOUR VIEWS

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| **Please provide a brief history of your child’s development** Please include any diagnoses and dates, key events in their life, school moves etc. |
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| **What are your child’s skills?**Please tell us about what your child is good at, what they can do, and what their interests are. |
| **What do you like and admire about your child?**Please tell us about their personality and qualities that you like.  |
| **What is important *to* your child?**Please tell us what makes a good or bad day for them.  |
| **What is important *for* your child?**Please tell us what you think they need now and in the future. What support works best for them? |
| **Which people are important in your child’s life:** Please tell us who lives in your home. How does your child get on with family members? Who else is important to them, e.g. neighbours, leisure or support group leaders etc?  |

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| **What aspirations do you have for your child?**Please tell us the hopes and ambitions you have for your child as they move through childhood into young adulthood. Include plans for college, employment and living independently, even if your child is young. |
| **Now**I/ we would like them to: |
| **In the future**I/ we would like them to: |
| **Please tell us about any barriers your child could experience to achieve your aspirations for them:** |

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| **Please tell us about how your child is now, in a bit more detail** Please think about their play, friendships, independence, and physical skills |

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| **Your child’s development and learning** |
| **At home** Please tell us what you have you noticed they can do, learn, and achieve. What do they find easy or difficult?  |
| **Outside the home and in the community**Please tell us about any Clubs, hobbies, and activities your child enjoys  |
| **Your views about the progress your child is making in school/ other setting**For example, in reading, writing and maths, attention and concentration, independent learning and confidence.  |

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| **How does your child communicate and interact with others?**  |
| Please tell us how your child makes their needs known. Are they happy to communicate? Do they use spoken words, gestures, signs, visual supports?  |
| Do other people need to use gesture, sign, or visual supports alongside spoken language so that your child understands what is being said to them?  |
| How does your child communicate in social situations?Do they join in conversations/ take turns in speaking/ pay attention and listen to others?  |

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| **Emotions and behaviour** |
| Please tell us how your child/young person gets on with other children? Do they prefer to spend time with others or on their own? What opportunities do they have to meet and socialise with others? |
| Please tell us how your child expresses their feelings and emotions. What makes them happy, sad, angry, scared, or anxious? How do they feel about themselves?  |
| Do they have any difficulties with sharing, listening to and carrying out requests, co-operating with daily routines and tasks? What helps to promote positive behaviour?  |
| Please tell us if your child needs extra support or reassurance to go into their school or setting and how well they cope with changes in timetable or routine. |
| Please tell us about any behaviours your child has which are difficult to manage outside of your home. Are they aware of possible danger/ can they keep themselves safe?  |

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| **Keeping healthy** |
| Please tell us about what your child’s physical development. Please include details about their vision, hearing, sleep patterns, mobility, weight, exercise, specialist appointments, Do you think they have a healthy lifestyle? |
| **Please tell us about your child’s personal care and independence** |
| What are they able to do themselves? With support? What do they need more help with?Please tell us about things like eating and diet, drinking, toileting, dressing, personal hygiene, support needs and specialist equipment.  |

YOUR CHILD’S VIEWS

Please use this space to include a current photo

of your child or a drawing they have done.

If you prefer, you can attach this separately.

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| Please tell us your child’s own views. If they are unable to communicate them to you please answer the questions as far as possible based on your observations and knowledge of them. |
| **What does your child like and dislike?** |
| **What does your child think they are good at and what do they find difficult?** |
| **How does your child like to be addressed?** |
| **How does your child like to communicate with people?** |
| **Who are the most important people to your child?** |
| **What would your child like to achieve in the future?**Please include details such as aspirations for further and higher education, the type of job they may like, living in their own home etc |

PREPARATION FOR ADULTHOOD

(THIS SECTION MUST BE COMPLETED FOR ALL YOUNG PEOPLE IN YEAR 9 AND ABOVE )

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| **Education & Employment:** For example, their ability to make choices or decisions, listen, follow instructions and their level of independence. |
| **What is working well?**For example, they can remember and follow short instructions unsupervised. |
| **What support is needed?** For example, they need visual supports for longer instructions |
| **Independent Living:** For example, their ability to manage day to day routines such as personal hygiene, food preparation, budgeting money. |
| **What is working well?**For example, they can make hot drinks and sandwiches |
| **What support is needed?**For example, to identify correct money and change when buying something. |
| **Participation in Society:** For example, having friends and supportive relationships, joining, and participating in groups or clubs, ability to access public transport. |
| **What is working well?**For example, joins in and has friends at Youth Club. |
| **What support is needed?**For example, they become anxious in unfamiliar places or with new people. |
| **Healthy Living:** For example, being healthy and safe, awareness of danger, what support do they need to be healthy, take medication, exercise? |
| **What is working well?**For example, can independently take medication |
| **What support is needed?**For example, need support to understand how to eat healthily |

**Thank you for sharing your views and**

**your child or young person’s views with us.**