**Parental Advice**

This information is sought In accordance with the Children and Families Act 2014, as part of an Education, Health and Care (EHC) needs assessment.

**Child/Young Person's Details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name (s) |  | Surname |  |
| Date of Birth |  | Gender |  |
| Year Group |  | Setting |  |
| Home address |  | Child Looked After Yes/No |  |
| Ethnicity |  | Religion |  |

**Details of Parent(s) or Person Responsible**

|  |  |  |  |
| --- | --- | --- | --- |
| Name(s) |  |  |  |
| Relationship |  |  |  |
| Home Address |  |  |  |
| Contact Number(s) |  |  |  |
| Email address |  |  |  |
| Preferred method of contact |  |  |  |

What professionals are currently involved, or have been involved with your child in the last 12 months?

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Role that they play (name of organisation where appropriate) | Email address/telephone number | Report Attached |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Parental Views**

Please describe your child's difficulties and the support that you believe is necessary to meet their Special Educational Needs in their educational establishment. It is important to provide any additional information as this will assist the Local Authority in deciding whether an EHC Plan is required and if so, what sort of support would work best.

**Section A**

|  |
| --- |
| Child or Young Person's Relevant History |
|  |
| What are your child's/young person's hopes and dreams for the future? |
|  |
| What are your hopes and dreams for your child's/young person's future? |
|  |

**Section B**

|  |
| --- |
| Strengths and Special Educational Needs |
| Strengths         Needs |

**Section C**

|  |
| --- |
| Health needs and support |
|  |

**Section D**

|  |
| --- |
| Social care needs and support |
|  |

**Section E**

**Outcomes and Provision:**

|  |  |  |  |
| --- | --- | --- | --- |
| Need(s) | Desired long term outcome(s)? | Steps towards achieving the outcome(s) | Special Educational Needs Provision required  *(please identify whether this is current or additional provision)* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Carer Name |  | Date |  |
| Signature |  | | |
| Parent/Carer Name |  | Date |  |
| Signature |  | | |

Please return this form, together with any reports to:

|  |  |  |
| --- | --- | --- |
| Area | Email Address | Contact Number |
| Lancaster/Fylde/Wyre | [inclusion.north@lancashire.gov.uk](mailto:inclusion.north@lancashire.gov.uk) | 01524 581114 |
| Chorley, South Ribble, West Lancs, Preston | [inclusion.south@lancashire.gov.uk](mailto:inclusion.south@lancashire.gov.uk) | 01772 531597 |
| Burnley, Pendle, Hyndburn, Ribble Valley, Rossendale | [inclusion.east@lancashire.gov.uk](mailto:inclusion.east@lancashire.gov.uk) | 01254 220553 |