**Young Person's Advice for an Education, Health and Care Assessment**

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

**Your details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name (s) |       | Surname |       |
| Date of Birth |       | Gender |       |
| Year Group |  | Setting |  |
| Home address |            |
| Ethnicity |       | Religion |       |
| Phone number |       | Preferred method of contact  |       |
| Email address |       |

**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 you in the last 12 months?

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

**Section A**

|  |
| --- |
| Relevant history |
|       |
| What are your hopes and dreams for the future? |
|       |

**Section B – Education**

|  |
| --- |
| What are your strengths and what are the things you find difficult? |
| Strengths      Needs       |

**Section C - Health**

|  |
| --- |
| Do you have any health needs and/or support from health services? |
|       |

**Section D – Social Care**

|  |
| --- |
| Do you have any Social Care needs and support from Social Care Services? |
|       |

**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)* |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Your Name |       | Date |       |
| Signature |       |
| If the Young Person has had support to complete this form, please include your details here |
| Name |       | Date |       |
| Signature |       |