**Professionals' Advice**

**Context**

This information is sought in accordance with the Children and Families Act 2014 as part of an Education Health and Care Needs Assessment

**Child/Young Person's Details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name (s) |       | Surname |       |
| Date of Birth |       | Gender |       |
| Home address |       | Postcode |       |
| Setting |       | Unique Pupil Number |       |

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

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

|  |
| --- |
| Child/young person's relevant background in relation to your service      |

**Section A**

**Strengths and Special Educational Needs**

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| Strengths and Special Educational Needs |
|  |

**Section B**

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| Health needs and support |
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**Section C**

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| Social care needs and support |
|  |

**Section D:**

**Outcomes and Provision**

This section should set out the desired outcomes and provision that is delivered by your service alongside what additional support you feel is required over and above that already provided.

|  |  |  |  |
| --- | --- | --- | --- |
| 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)* |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**Advice Giver's Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |       | Date of completion |       |
| Signature |       | Role |       |
| Contact details |       | Organisation |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Supervisor |        | Date |       |
| Signature |       |