**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**

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

**Section B**

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

**Section C**

|  |
| --- |
| 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 |  |