EDUC

**EDUCATION, HEALTH & CARE NEEDS ASSESSMENT**

Preparing for the Assessment Process

**(Parental views)**

[Please include a photo of your child or young person

as this helps the process to be more person centred]

My child’s name is:

» Introduction

» All about your child

» Important people in your child’s life

Page 2

» What you like and admire about your child

Page 6

» What your child likes to do at school, at home and with friends

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» Your child’s hobbies and interests

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» Looking to your child’s future

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» How your child communicates

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» What is working well in your child’s life

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» What issues need resolving

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» Questions and additional information

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**Section 19 of the Children and Families Act 2014 makes clear that local authorities must have regard to the**

**views, wishes and feelings of the child or young person, and the child’s parents**. It is very important we know the views of you and your child or young person (please note, other documents are available for children and young people).

You can use this booklet to record useful information that will help us during your child or young person’s assessment process.

When completing this document please remember the person/people reading this likely will not know your child

or young person, so this is a great opportunity to tell them everything you think they need to know.

This document will help the panel who receive the request understand and consider your views, as well as being

used as part of the assessment to ensure any possible EHC plan is person-centred and developed in co-production with yourself. It is very important to us that we work together with you throughout the EHC process.

It helps to personalise the process if you can add a photo to the front of your child and feel free to attach photographs for your answers.

If there is not enough space, feel free to add extra pages. If after submitting this booklet you have additional information to add please contact us or send us a letter on email with your additional views.

There are contact details at the end of this booklet if you need to contact us or if you would like to access impartial information advice and support from SENDIASS.

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Name and relationship of person/s completing this form:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone number of person/s completing this form:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address of person/s completing this form:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date form was completed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person/people with parental responsibility:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person if someone has helped you to complete this form:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School preference**

**Please note. you do not need to know your school choice at this stage. You will be contacted by the SEN team further along in the process if an assessment is agreed to ask your preference or to check it is still the same.**

If you already have a preference of school choice for your child or young person you can write it here if you wish:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please put the names or pictures of important people in the relevant spaces provided. Only add the people that you feel sure your child would want to be included.

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**Family**

*Think about:*

* *Who in your family is most important to them?*
* *Who do they live with?*
* *Do they spend time with other family members regularly?*



**Friends**

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*Think about:*

* *who are their friends?*
* *Are friends important to them?*
* *Are they able to maintain friendships?*
* *Do they form friendships with people of a particular age/range/gender/personality?*

Please put the names or pictures of important people in the relevant spaces provided, continued from page 2.

**School Staff and Paid Support**

*Think about:*

* *Is there someone at school they would go to if they had a problem?*
* *Is there a particular type of person they are drawn to age / gender/personality etc.?*

**Others**

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*Think about:*

* *Are there any professionals your child or young person has worked well with?*
* *Have any services had a positive impact on your child or young person?*

A close up of a sign

Description automatically generated

You may simply want to use a few words, bullet points or short sentences to express what you like and admire about your child in the box below.

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*Think about:*

* *The person reading this most likely doesn’t know your child or young person*
* *What is their personality like?*
* *What are you proud of them for?*
* *Try to paint a picture of who they are and all of their good points.*

**At home**

*Think about:*

* *What makes your child happy?*
* *Where do they like to go?*
* *What do you enjoy doing as a family?*

**With friends**

*Think about:*

* *If friends are important to them do they see them outside of school?*
* *Do they attend any clubs or groups?*

**At school**

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*Think about:*

* *What would be their favourite part of the day?*
* *What are their favourite lessons?*



*Think about:*

* *Do they attend any clubs, have any particular interests or like to collect anything specific?*

**Hobbies**

**Food/Drink**

Think about:

* *Does food motivate them?*
* *Are there any issues relating to food?*

**Music**  **TV Programmes**

Think about:

* *What music do they like?*
* *How does music affect them?*

Think about:

* *What do they like to watch?*
* *What impact does watching TV have on them?*

**What my child really dislikes**

*Think about:*

* *What things make your child or young person anxious or scared?*
* *Are there places or things you have to avoid?*

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This may relate to the immediate future or a few years on and may include anything from simply being happy, meeting new people to getting a job or being more independent.

**What are your child’s**

*Think about:*

* *Have they expressed any wishes to you about things they would like to change or what they would like to be able to achieve?*
* *Is there anything they are not able to do now that they aspire to be able to do?*

**hopes and dreams**

**for the future?**

*Think about:*

* *What are you hoping will change following an education health and care plan?*
* *What do you hope they will be able to achieve in the future?*

**What do you wish for your child in the future? (this may differ from their answers)**

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What is the best way to communicate with your child?

*Think about*

* *Does your child need to be spoken to in a particular way?*
* *Do they require any specialist resources or equipment?*

What my child does when he/she is…

*Think about:*

* *what they may say, facial expressions, behaviours, body language*

**Happy**

**Sad, upset or in pain**

**Angry or frustrated**

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Here you can write what is working well for your child, this can include services that you use or support and information that your child accesses.

*Think about: What works well at home?*

* *Are there are strategies your child responds well to?*
* *Have they made any development in any areas recently?*
* *Are there any services or support that has worked well?*
* *Think about education health and care in this section*

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Here you can list any aspects of services or support that may not be working for your child’s needs or specific issues that you feel need resolving.

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*Think about:*

* *What does your child find difficult?*
* *What areas of development are concerns for you?*
* *Think about education health and care in this section*
* *What things that are in place at the moment do not work well for your child?*

Is there anything else you would like to tell us?

Are you waiting for any reports or appointments we should know about?

Do you have any questions?

views

If anything changes you will have opportunity to add additional

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* **Don’t worry if any of your views change or there is something you have forgotten you can let us know. This part of the process is requesting an assessment. If we agree to assess, this will not automatically result in an EHC plan. Thank you.**

**For more information or for any queries please contact:**

SEN Manager

[SEN.Admin@togetherforchildren.org.uk](mailto:SEN.Admin@togetherforchildren.org.uk)

For impartial information or advice and support for all SEND matters:

SENDIASS@sunderlandcarers.co.uk

0191 5375764



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