**Professional Advice and Information for Education, Health and Care Needs Assessment or Annual Review.**

|  |
| --- |
| **Details of child or young person** |
| **Name** |  |
| **Date of birth** |  |
| **Address** |  |
| **Current placement** |  |
| **Details of person providing advice** |
| **Name** |  |
| **Designation** |  |
| **Profession** |  |
| **Place of work or agency** |  |
| **Section A: Background including:** |
| Please include any person centred information that has not already recorded as part of the EHC Needs Request Meeting. |
| **Section B: X’s education and development: personal strengths and special educational needs under the respective headings below in priority of need order. (Please note this is mandatory for all educational professionals)** |
| Please identify any strengths and special educational needs that have not already been identified.**Communication and Interaction** - Strengths –Special educational needs –*

**Cognition and Learning** - Strengths – Special educational needs –**Social, Emotional and Mental Health Difficulties** - Strengths – Special educational needs – **Sensory and/or Physical Needs** Strengths – Special educational needs – **Preparing for Adulthood** Employability/EducationIndependenceCommunity ParticipationHealth  |
| **Section C: X’s health: personal strengths and needs (Please note this is mandatory for all health professionals)** |
|  |
| **Section D: X at home and in the community: personal strengths and needs. (Please note this is mandatory for all social care professionals).** |
|  |
| **Section E: Outcomes and steps towards outcomes with reference to Preparing for Adulthood (PfA)** |
| To be detailed in grid below |
| **Section F :Educational Outcomes (Please note this is mandatory for education professionals) linked to**  |
| To be detailed in grid below |
| **Section G - Health Outcomes (This is mandatory for health professionals and should be linked to any health provision identified)** |
|  |
| **Section H1 and H2 - Social Care Outcomes (This is mandatory for social care professionals and should be linked to– social care provision** |
|  |
| **Special educational provision-Provision grids below.** |
| **For all outcomes please give details of the special educational provision/Health and Social Care provision (intervention, support) required by the child or young person and of the monitoring arrangements. It is vitally important that the provision is specified and quantified.**  |

**Please make sure your Advice and Information is signed and dated.**

|  |  |
| --- | --- |
| **Signed** |  |
| **Designation** |  |
| **Date** |  |

 NB for an early years school or post-16 setting, the signature of the Manager/Head Teacher/Principal is require

**Provision**

**Section F - Special Educational Provision**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Desired outcome & steps towards meeting**  | **Provision required (intervention/support)** | **How often this will happen?** | **Who will provide this support?** | **Who will monitor and when?** |
| **Outcomes**  |
| **Holistic provision that is quantified and specified to meet this outcome unless identified above** |
| Steps/medium term goals |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |
| **Cognition and Learning** |
| **Outcomes**  |
| **Holistic provision that is quantified and specified to meet this outcome unless identified above** |
| Steps/medium term goals |  |  |  |  |
|  |  |  |  |  |
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| **Social, Emotional and Mental Health** |
| **Outcomes**  |
| **Holistic provision that is quantified and specified to meet this outcome unless identified above** |
| Steps/medium term goals |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Physical/Medical/Sensory** |
| **Outcomes** |
| **Holistic provision that is quantified and specified to meet this outcome unless identified above** |
| Steps/medium term goals |  |  |  |  |
|  |  |  |  |  |
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**Section G - HEALTH PROVISION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Desired outcome & steps towards meeting**  | **Provision required (intervention/support)** | **How often this will happen?** | **Who will provide this support?** | **Who will monitor and when?** |
| **Community Inclusion** |
| **Outcomes** |
| Steps/medium term goals |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Independent Living** |
| **Outcomes**  |
| Steps/medium term goals |  |  |  |  |
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| **Health** |
| **Outcomes** |
| Steps/medium term goals |  |  |  |  |
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**Section H1 - Social care provision under Section 2 of the Chronically Sick and Disabled Persons Act 1970**

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| --- | --- | --- | --- | --- |
| **Desired outcome & steps towards meeting**  | **Provision required (intervention/support)** | **How often this will happen?** | **Who will provide this support?** | **Who will monitor and when?** |
| **Community Inclusion** |
| **Outcomes** |
| Steps/medium term goals |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Independent Living** |
| **Outcomes** |
| Steps/medium term goals |  |  |  |  |
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|  |  |  |  |  |
| **Health** |
| **Outcomes** |
| Steps/medium term goals |  |  |  |  |
|  |  |  |  |  |
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**Section H2 - Other social care provision**

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| --- | --- | --- | --- | --- |
| **Desired outcome & steps towards meeting**  | **Provision required (intervention/support)** | **How often this will happen?** | **Who will provide this support?** | **Who will monitor and when?** |
| **Community Inclusion** |
| **Outcomes** |
| Steps/medium term goals |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Independent Living** |
| **Outcomes**  |
| Steps/medium term goals |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Health** |
| **Outcomes** |
| Steps/medium term goals |  |  |  |  |
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