**Our Views for the EHC Needs Assessment**

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| Child’ s last name |  | Child’s first name |  |
| Our child likes to be called |  | | |
| Male/female |  | Date of birth |  |
| Parent/carer name |  | | |
| Address |  | | |
| Post code |  | Tel Number(s) |  |
| Email |  | | |

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| --- | --- |
| Current school/setting |  |

This form asks you to write down your comments about your child. We are looking for information to help us form a complete picture of them, and it is important that you include anything that you think is relevant as we assess their needs. You do not have to fill out every box, but feel free to include whatever you think will help us.

If there is not enough space in any of the boxes, you can continue your comments on the back page, where there is space to do so.

It might be helpful for you to include information about the points included in the guidance below, but these are only suggestions. Feel free to write anything you think is important.

Northumberland County Council is committed to complying with the Data Protection Act 2000 and GDPR 2018, and all information provided will be treated as personal and sensitive personal data. It will be used only by the SEND Team, and shared only with the professionals involved with your child and the SEND Commissioning Panel as an appendix to a proposed support plan and/or an Education Health and Care Plan (EHCP). It will be stored in accordance with Council guidelines until your child reaches their 33rd birthday.

**Guidance**

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| Section | | Things you could think about including: |
| 1 | Information about our family | * Who is in your family? * How do you feel your child’s needs affect the needs of the family? * Any other information - perhaps major events that you think may have affected them? |
| 2 | What I/we like and admire about my/our child | * What are they good at? * What they enjoy doing? |
| 3 | What I/we remember about the early years that might be important | * What do you remember about the early years that might help? * Were you happy with progress at the time? * When did you first feel things were not right? * What happened? * What advice or help did you receive? From whom? |
| 4 | What my/our child is like now in preschool/school/college | * Do they enjoy school? * How is their progress at school, in reading, writing maths and other things? How has the school helped? * Have you been asked to help with school work - with what result? * What do you think their special educational needs are? * Are they at an age where you are thinking about preparing for adulthood (PfA)? If so, what is being done and how is it going? |
| 5 | What my/our child is like now at home | * How is their communication at home - level of speech or other ways they communicate? * Do they cooperate, share, carry out requests, help in the house, fit in with any family routines? Moods good and bad, sulking - temper tantrums, affectionate? * Self help - level of personal independence-dressing etc, making their own bed, keeping room tidy, coping with day to day routines * How do they spend their time at home? * Activities outside - do they belong to clubs, sporting activities? Can they go alone? * Again, how are things going around preparation for adulthood (PfA), if relevant? A good place to find resources around PfA is www.preparingforadulthood.org.uk/ |
| 6 | Our views on friendships and relationships now (at preschool, school or college and home) | * Relationships with everyone in and outside the home * Does he/she mix well or prefer to be on their own? * How are relationships at school, with other children and teachers? Friendships? |
| 7 | Our views on health and wellbeing | * General Health - eating and sleeping habits, toileting, general fitness, absences from school, minor illnesses. * Serious illnesses/accidents - periods in hospital. Any medicine or special diet? * General alertness - tiredness, signs of use of drugs? |
| 8 | Our hopes and aspirations for the future | * What would you like to happen for your child over the next 6-12 months? This can be anything at all, at home, school, related to social care and/or health * Have you got any thoughts about the future and what you would like your child to do or be? * What do you think is important for their future? You could think about adult life, or not as far ahead as that |
| 9 | Other things we would like to say | * Does your child realise that they have difficulties? If so, what are their views about how they would like to be helped? |

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| **Section 1**  **Information about our family** |  |

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| **Section 2**  **What I/we like and admire about my/our child** |
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| **Section 3**  **What I/we remember about the early years that might be important:** |

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| **Section 4**  **What my/our child is like now in preschool/school/college:**  What is going well?  What do you/your child find challenging/what do you think needs to change?  Any other comments? |

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| **Section 5**  **What my/our child is like now at home:**  What is going well?  What do you/your child find challenging/what do you think needs to change?  Any other comments? |

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| **Section 6**  **Our views on friendships and relationships now (at preschool, school or college and home):**  What is going well?  What do you/your child find challenging/what do you think needs to change?  Any other comments? |

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| **Section 7**  **Our views on current health and wellbeing:**  What is going well?  What is challenging/what do you think needs to change?  Any other comments? |

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| **Section 8**  **Our hopes and aspirations for the future:**   * Short term * Long term |

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| **Section 9**  **Other things that we would like to say:** |

On this diagram, we would like you to write down the names of people who are important to your child. With them at the centre, the names you write closest to them should be the people who you feel are the most important in each area of their life. As you move outwards, these will be people in their lives who are less important, but still there.

**Our Child**

Home

School

Community

Other people who help my child

(professionals/

services)

Everything you have written will help us when putting together a picture of your child.

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| Parent/carer/legal guardian signature |  | Date |  |

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| Do you have Parental Responsibility (PR)? Yes  No |