

Education, Health and Care Plan (EHCP) Parent/Carer Advice Form



Your views are a very important part of your child's needs assessment. This form has been designed to help you give your views as we assess your child for a Single Plan. We would like some background information about your child so we can work with you to make plans for their future.

If you would like independent help to complete the form or would like more information about the needs assessment, please go to www.gateshead.gov.uk/localoffer and type Independent Support. Completed forms should be returned to your child's nursery, school or college.

THANK YOU

SECTION 1. YOUR CHILD'S DETAILS

First Name(s)	<input type="text"/>		
Surname	<input type="text"/>	Date of Birth	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>	Child's School	<input type="text"/>

2. PARENT/CARER'S DETAILS *continued on page 2*

Parent/Carer 1

First Name(s)	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>	Tel No	<input type="text"/>
Email	<input type="text"/>		

Preferred method of contact? Phone Email

What is your relationship to the child?

What does the child call you?

Do you have parental responsibility for the child? YES NO

PARENT/CARER'S DETAILS *continued*

Parent/Carer 2

First Name(s) Surname

Address

Postcode Tel No Email

Preferred method of contact? Phone Email

What is your relationship to the child?

What does the child call you?

Do you have parental responsibility for the child? YES NO

3. MEETINGS

Is there anything that makes attending meetings difficult? YES NO

If yes, please give details.

What days/times are most convenient for you?

If English isn't your first language do you need an interpreter to attend meetings? YES NO

Do you need the Single Plan and letters translated? YES NO

If YES, what language?

List below anyone you'd like to be invited to the Action Planning Meeting?

4. FAMILY MEMBERS

Name

Relationship to child

Names of other significant people such as a personal assistant or childminder

Name

Relationship to child

5. CHILD'S HEALTH, BEHAVIOUR AND DEVELOPMENT

What has your child achieved or succeeded at that has made you proud?

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What were your child's early years like?

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What is your child like now?

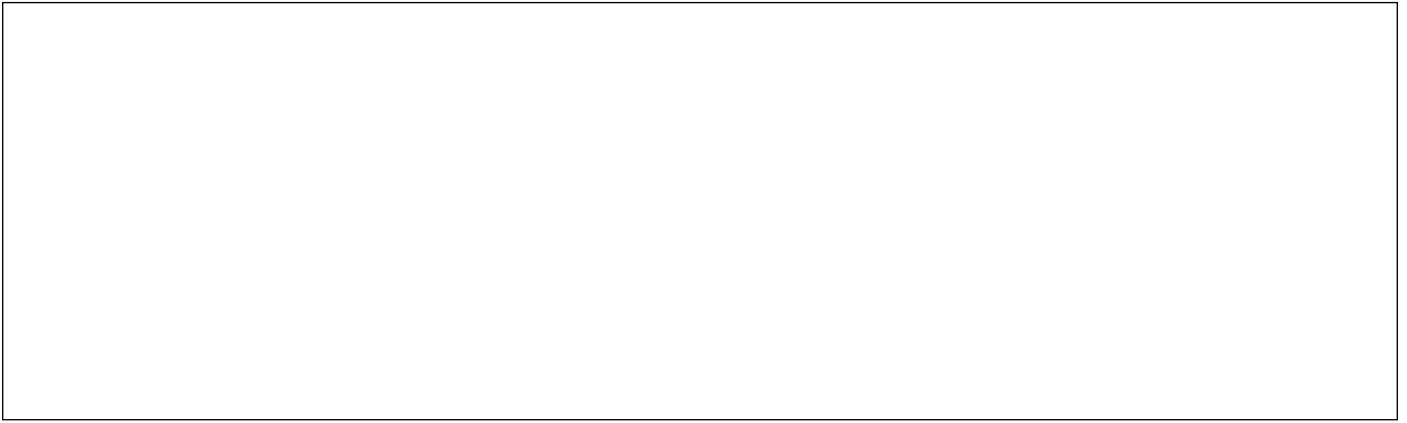
General health

Physical development

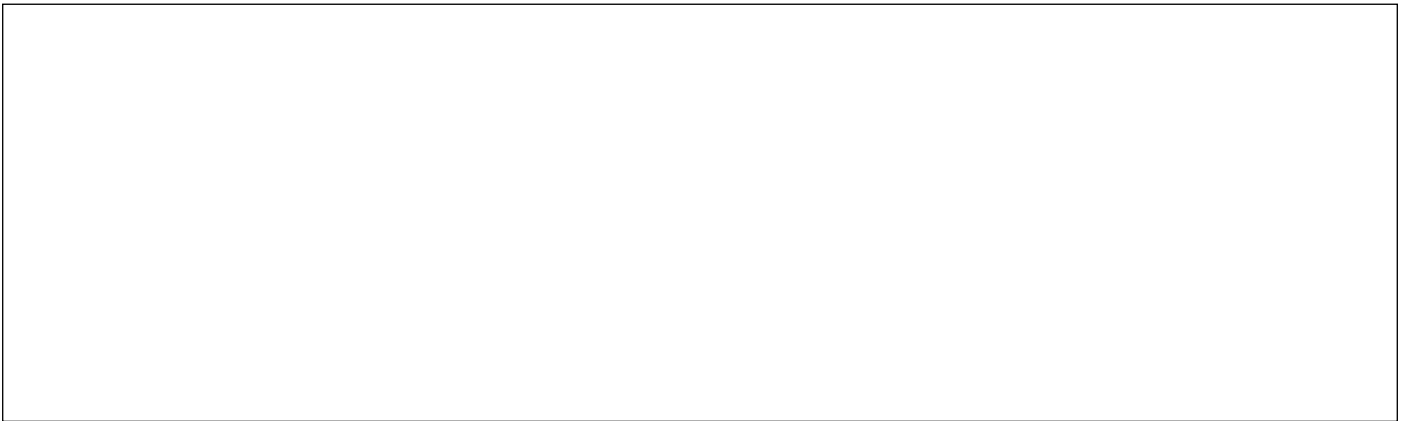
Language and communication

School and learning

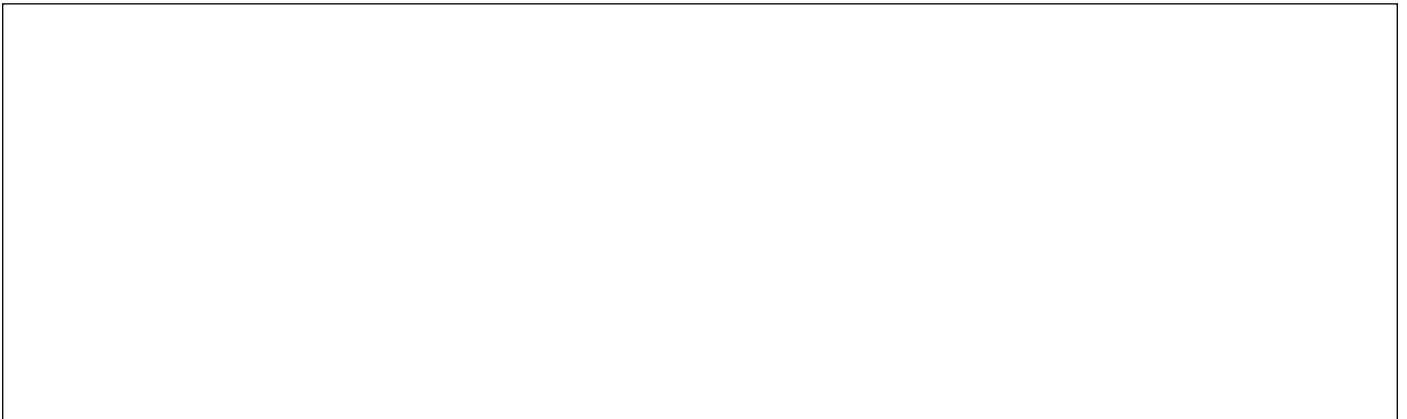
Play and leisure



Relationships and social skills



Emotional and behavioural development



What help does your child need to stay healthy and safe?

How does your child prefer to be supported?

Let us know the things used to help your child and family
(ie: respite/speech therapy/specialist equipment etc)

6. GENERAL INFORMATION ABOUT YOUR CHILD

What's important to your child?

6. GENERAL INFORMATION ABOUT YOUR CHILD

What's working well?

What's not working well?

What are your child's likes and dislikes?

Likes

Dislikes

What do you want your child to achieve over the next 12 months and in the future?

Signed

Date

Name *(please print)*