**Children and Young People’s Continuing Care**

**PEN PICTURE**

Please provide a Summary pen picture of the individual’s situation, the impact of the child/young person’s health needs, relevant history, current needs and any identified significant risks

|  |  |
| --- | --- |
| **Does the child have an EHCP?** | **YES/NO** |
|  | |
| Completed by: | |
| Professional title or relationship to child/young person: | |
| Date: | |
| Consent to share this information: YES / NO  Who signed consent? | |