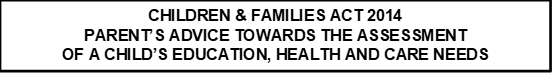






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An Education Heath and Care assessment has been agreed for your child or young person. The aim of the assessment is to determine what education, health and care needs your child has and whether an Education Health and Care Plan (EHCP) is necessary to cater for those needs. Please respond to this request in a timely manner and within a maximum of 6 weeks.

NB: If you wish to complete and return the form electronically it can be found on the Local Offer under EHCP Paperwork.

Return by email to: senteam@wirral.gcsx.gov.uk

Please put **child’s name, DOB** and coordinators name in **subject box** of email

**PEOPLE YOU MAY WISH TO ASK FOR HELP/ADVICE, AND WHEN COMPLETING ANY PAPERWORK DURING THIS PROCESS:**

* **The key person, Special Needs Coordinator or Headteacher at your child or young person’s setting.**
* **Educational Psychology Service**

Hamilton Building

Conway Street

Birkenhead

Wirral CH41 4FD

Tel: 0151 666 4377

* **Designated Clinical Officer**

Elaine Mooney

Child Development Centre

St Catherine's Health Centre

Tel: 0151-514-2500 ex 3697

Work mobile: 07795413940

* **Wirral SEND Partnership -** Information Advice and Support Service

St James Centre

344 Laird Street, Birkenhead, Wirral CH41 7AL

Tel: 0151 522 7990

Fax: 0151 670 1600

E-mail: [contact@wired.me.uk](mailto:contact@wired.me.uk)

Website: [www.wired.me.uk](http://www.wired.me.uk)

* **Independent Support Service (ISS)**

Text: SUPPORTERS to 66777

Email: [ISS@pss.org.uk](mailto:ISS@pss.org.uk)

Call: 0151 702 5552

**What happens next?**

Your EHCP Coordinator will be in touch when all the assessment advice has been received and considered.

The aim throughout the assessment is to ensure you are kept fully informed and your EHCP Co-ordinator will play an important part in this. If you wish to know more about the process, please contact your EHCP Co-ordinator named in your letter.

Paper copies of this form can be returned to:

Children and Young People’s Department

SEND Team

Hamilton Building

Conway Street

Birkenhead

Wirral CH41 4FD

Or electronic copies returned by email to [senteam@wirral.gcsx.gov.uk](mailto:senteam@wirral.gcsx.gov.uk) please put **child’s name, DOB** and coordinators name in **subject box** of email.

**PLEASE COMPLETE AND RETURN THIS FORM TO HELP US ESTABLISH YOUR VIEWS AND ASPIRATIONS.**

We want you to give your own description of your child’s abilities and difficulties and the following headings may help you. You do not have to use them, and your written contribution can be as a short or as long as you wish.

**PLEASE USE BLACK INK IF COMPLETING A PAPER COPY**

**CHILDREN & FAMILIES ACT 2014**

**PARENT’S ADVICE TOWARDS THE ASSESSMENT**

**OF A CHILD’S EDUCATION, HEALTH AND CARE NEEDS**

**Child/Young Person’s Personal Details:**

|  |  |  |
| --- | --- | --- |
| Name | | Date of birth |
| Child/young person likes to be known as | | Gender |
| Address | | NHS Number (if known) |
| Primary/Home Language | | |
| Preferred communication i.e. verbal/BSL/Makaton/PECS etc. | | |
| Religion | Ethnic Origin | |

**Parent/ Carer Personal Details:**

|  |  |
| --- | --- |
| Name(s) of those who have Parental responsibility | Telephone numbers |
| Address | E-mail address |
| Preferred Contact method ie telephone, e-mail, letter etc | |

**Our Child/Young Person’s Story So Far**

Please use the space below to tell us any relevant information about your child’s development. What is working well and what has caused concern. Describe any involvement or intervention from Health, Education or Social Care professionals which has taken place. Please also include any family circumstances that you feel are relevant.

If you need more space please attach additional sheets (if completing on paper).

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**What do people like and admire about your child/young person?**

This section could include comments from people in school, friends, family or home.

If you need more space, please attach additional sheets. (If completing on paper).

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**What is Important to your child/young person?**

If you need more space please attach additional sheets. (If completing on paper).

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| --- |
|  |

**Which people are important to your child/young person?**

If you need more space please attach additional sheets. (If completing on paper).

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**General Health and Well Being:** You may want to share with us information in relation to eating and sleeping habits, general fitness, serious illness, accidents or time spent in hospital, absences from school, any medicine or special diet.

If you need more space please attach additional sheets. (If completing on paper).

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**Physical/Sensory Skills and Development:**  Developmental milestones – for example; does your child/young person have any difficulty with co-ordination, movement or balance? Have they started to crawl or walk unaided? Can they throw and catch? Does your child/young person have any hyper/hypo sensory issues? Any difficulties with vision/hearing?

If you need more space please attach additional sheets. (If completing on paper).

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**Personal Development:** Is your child/young person developing independence skills such as dressing/undressing, toileting and feeding skills? Are there any difficulties for your child/young person in the general routines of the day?

If you need more space please attach additional sheets. (If completing on paper).

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**Communication and Interaction:** Is your child/young person’s speech and language developing well? Does your child/young person have difficulty understanding requests and instructions? Can they make themselves understood easily? Do they understand and use the social rules of communication, e.g. maintain eye contact, interpret facial expressions, tone of voice etc.

If you need more space please attach additional sheets. (If completing on paper).

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**Learning and Cognition:** What does your child/young person enjoy in school/nursery and at home? For example, sharing story books or reading, watching TV, playing games, drawing. Are you aware of any learning difficulties at home or in school/nursery? For example, working with letters, numbers or sounds.

If you need more space please attach additional sheets. (If completing on paper).

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**Social Emotional Mental health (Emotional well-being, relationships and behaviour):** Is your child/young person affectionate? Does he/she get on well with other children, other adults, teachers. Does he/she fit in with family rules and routines? Does he/she co-operate, share, listen and try to carry out requests? Do you have any concerns about your child/young person’s emotional development? Does anything about your child/young person’s behaviour worry you? Is he/she disruptive?

If you need more space please attach additional sheets. (If completing on paper).

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**Does your child/young person attend any out of school activities? Do they have any hobbies?**

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**Aspirations**

**What are your hopes for your child/young person’s future?**

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**Does your child/young person know what they would like to do in the future?**

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| --- |
|  |

|  |  |
| --- | --- |
| Signed | Date |
| Please Print Name | |
| Signed | Date |
| Please Print Name | |