

## Education, Health and Care (EHC) Assessment

### Occupational Therapy Advice

#### Guidance

##### 1. Details of the professional writing the report

- Include your name, profession and who you are in the child/young person's life

##### 2. Background Information

The following information should be included in this section:

Include your services involvement with the child/young person and how this relates to their special educational needs. Include any diagnosis/presentation/medical needs.

##### 3. Description of the child's strengths and abilities (What's going well)

- Include what you like and admire about the child/young person
- What does the child/young person see as their strengths
- From your professional perspective comment on the areas listed below

Use all or some of the areas of need listed below:

Level of Functional Skills –

##### Self-Care and Independence Skills:

- eating/drinking
- dressing
- use of toilet
- washing/bathing
- grooming
- organising self-care routine
- making drinks in the home
- age appropriate use of facilities e.g. shops/telephone

##### Play and Leisure

Ability to participate in appropriate leisure activities both indoor and outdoor (fine and gross motor skills can be included in this section in relation to ability to take part in these activities).

##### School based skills

- Ability to participate in school based tasks such as
- Changing for PE, hanging school coat up, managing the toilet
- Participating in PE, playtimes, lessons
- Ability to handle school tools e.g. scissors, glue sticks, rulers, musical instruments, art tools
- Handwriting and pre-writing skills
- General school independence levels

- School mobility and postural support (seating, classroom furniture, powered/manual wheelchair)

#### **4. What are the child/young person's difficulties (what's not working?)**

- What does the child/young person see as things that are not working for them
- Use all or some of the areas of need listed below:

##### **Self-Care and Independence Skills:**

- eating/drinking
- dressing
- use of toilet
- washing/bathing
- grooming
- organising self-care routine
- making drinks in the home
- age appropriate use of facilities e.g. shops/telephone

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##### **School based skills**

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- General school independence levels
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#### **5. Outcomes**

Identify with the family what the physical and physiotherapy outcomes will be for the child/young person. Think about aspirations for the future, building on their strengths, skills and abilities. Break down the outcome into a longer term outcome and medium term outcome

- Longer term is by the end of a key stage e.g. by the time I am 11 years old I will be able to participate in play and leisure activities through the use of my assistive technology and augmentative and alternative communication (AAC) skills.
- Medium term is by the end of a year e.g. by the end of the year I will be able to use a big mac voice outcome device to join in simple games with other children.

#### **6. What people need to do to support me well**

From an Occupational therapist perspective what are the implications for the child/young person's special educational needs

What support do you recommend:

- physical requirements (e.g. the level and type of physical assistance for the child/young person from educational support staff)
- environmental needs
- specialist resources including furniture and equipment requirements
- resources required to assist in the delivery of the occupational therapy programme/approach e.g. member of school staff required to deliver the programme
- training required
- specify recommended level of occupational therapy intervention
- amount and frequency and review period
- individual, group, in class

## **8. Sign and Date**

Please include confirmation that you have discussed the report with the family.

Date and sign

SEN Team  
Wood Street Health Centre  
6 Linford Road  
Walthamstow  
London  
E17 3LA

**Name:**

**DoB:**

**Current Placement:**

## **Education, Health and Care (EHC) Assessment**

### **Occupational Therapy Advice**

#### **1. Details of the professional writing the report**

#### **2. Background Information**

#### **3. Description of the child's strengths and abilities (What's going well)**

#### **4 What are the child/young person's difficulties (what's not working)**

**5. Outcomes**

**6. What people need to do to support me well**

<b>6.</b>	<b>7.</b>
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**This advice has been discussed with parent/carer Yes No**

**Date discussed.....**

**Professional(s) signature.....**

**Date.....**

**Return to:**

SEN Team  
Wood Street Health Centre  
6 Linford Road  
Walthamstow  
London  
E17 3LA