



Request for statutory advice for an EHC needs assessment – HEALTH.

CONTEXT

The purpose of this form is to support Education Health and Care assessment by the Local Authority in accordance with the Children and Families Act 2014.

Child / Young Persons Details:

Full Name:		DOB:	
NHS Number:			
Education Setting:			

Advice Givers Details:

Name:		
Title/role:	Choose an item.	
Qualifications:		
Contact details:		
Service:	Choose an item.	
Length of time involved:		
This form completed by	Choose an item.	
Date of last contact:		
Would you hope to attend the EHC person centred planning meeting?		Choose an item.

Part 1: Relevant background information and aspirations

Diagnosis (if known)

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Summary of contact with the service (attach reports if appropriate)

Child's or Young Person's views and aspirations for health: (it may be different to parent's perspective)

Parent's views and aspirations for health: (it may be different to child's perspective)

Part 2: Summary of child / young person's strengths and needs

Communication
Speech and Language and Communication: (as appropriate to your profession)
Strengths:
Needs:
<i>Risks of harm or to child's health and wellbeing if needs not met:</i>

Attention and concentration: (as appropriate to your profession)
Strengths:
Needs:
<i>Risks of harm or to child's health and wellbeing if needs not met:</i>

Social Communication: (as appropriate to your profession)**Strengths:****Needs:***Risks of harm or to child's health and wellbeing if needs not met:***Cognition and Learning:** (as appropriate to your profession)**Strengths:****Needs:***Risks of harm or to child's health and wellbeing if needs not met:***Social, emotional mental health:** (as appropriate to your profession)**Strengths:****Needs:***Risks of harm or to child's health and wellbeing if needs not met:***Physical disability** (as appropriate to your profession)

Strengths:

Needs:

Risks of harm or to child's health and wellbeing if needs not met:

Sensory - Visual impairment (As appropriate to your profession)

Strengths:

Needs:

Risks of harm or to child's health and wellbeing if needs not met:

Sensory - Hearing impairment : (As appropriate to your profession)

Strengths:

Needs:

Risks of harm or to child's health and wellbeing if needs not met:

Medical health: (As appropriate to your profession)

Strengths:

<p>Needs:</p> <p><i>Risks of harm or to child's health and wellbeing if needs not met:</i></p>

Part 3: Outcomes and provision – *outcomes identified should be linked specifically to the needs stated in Part 2 with the provision required to meet those needs and achieve the outcomes.*

Communication and Interaction (As appropriate to your profession)	
Long term outcome(s) (end of key stage/Transition)	
Short term outcome(s)	
Provision (who, what, how often, when)	

Cognition and Learning (As appropriate to your profession)	
Long term outcome(s) (end of key stage/Transition)	
Short term outcome(s)	
Provision (who, what, how often, when)	

Social, emotional, mental health (As appropriate to your profession)	
Long term outcome(s) (end of key stage/Transition)	
Short term outcome(s)	
Provision (who, what, how often, when)	

Sensory and / or physical (As appropriate to your profession)	
Long term outcome(s)	

(end of key stage/Transition)	
Short term outcome(s)	
Provision (who, what, how often, when)	

Please describe how will you / your service be involved in supporting these outcomes?

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Name:

Date:

Please return this completed form along with any supporting documents **securely** by email to:

Send copy to Parents/Carers

NCHC staff	childhealth@nhc.nhs.uk
All other professionals	ehcp@norfolk.gcsx.gov.uk

Office use only:

UPN NO:

Date information received:

On receipt please save information to child's electronic file EHCP > Needs assessment and notify EHCP Coordinator