|  |  |  |  |
| --- | --- | --- | --- |
| **Child / Young Person’s Details** | | | |
| Forename/s |  | Surname |  |
| Preferred name |  | DOB |  |
| Gender |  | Preferred Language |  |
| Ethnicity |  | Religion |  |
| Home Address |  | Current School / Setting |  |

# **Young Person’s Comment Form – Contents of Draft EHC Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Young Person’s Details** | | | |
| Forename/s |  | Surname |  |
| Preferred name |  | Date of Birth |  |
| Gender |  | Preferred Language |  |
| Ethnicity |  | Religion |  |
| Home Address |  | Current Educational Setting |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Details of anyone supporting you** | | | | |
| **Name** |  | | | |
| Relationship to you |  | Home Address |  | |
| Telephone |  | Email |  | |
| Do you give this person consent to speak to SENAR about your Draft EHC Plan? | | YES | | NO |
|  | |  |
| **Name** |  | | | |
| Relationship to you |  | Home Address |  | |
| Telephone |  | Email |  | |
| Do you give this person consent to speak to SENAR about your Draft EHC Plan? | | YES | | NO |
|  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Child in Care (if applicable)** | | | |
| Are you a looked after child / a child in care? | YES | NO | If NO, please proceed to the next question.  If YES, please complete the questions below |
|  |  |
| To which Local Authority |  | | |
| Social Worker name |  | | |
| Social Worker contact telephone number |  | | |
| Social Worker email address |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contents of EHCP Plan** | | | |
| **Please provide your views on the contents of your Draft EHC Plan** | | | |
| I agree with the contents of my Draft EHC Plan | YES | NO | If NO, please outline your comments below.  If YES, please proceed to the next question |
|  |  |
| Please outline any amendments you are requesting to your Draft EHC Plan or any comments you wish to make *(if requesting amendments please clearly identify the section and page number, e.g. Section A, page 5)* | | | |
| Section A |  | | |
| Section B |  | | |
| Section C |  | | |
| Section D |  | | |
| Section E |  | | |
| Section F |  | | |
| Section G |  | | |
| Section H1 & H2 |  | | |
| I would like a meeting with SENAR to discuss the contents of the Draft EHC Plan. | YES | NO | If YES, please outline your availability to meet within the next two weeks: |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personal Budget** | | | | |
| **A Personal Budget is an amount of money identified by the Local Authority to deliver provision set out in an EHC Plan where you are involved in securing that provision. You can request a personal budget when you receive your first Draft EHC Plan following the EHC needs assessment or through your annual review. More information is available on our Local Offer:** <https://www.localofferbirmingham.co.uk/money-matters/personal-budgets-and-direct-payments/> | | | | |
| I would like to request a personal budget | YES | NO | If YES, please outline the provision you are seeking a personal budget for below | |
|  |  |
| Provision in Section F  *Please identify the specific provision in Section F you wish to secure through a personal budget* | To support which Outcomes in Section E  *Please identify the specific outcomes this provision will support you to achieve* | | | Costs sought.  *Please provide a breakdown of costs and any supporting evidence/quotes* |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |

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| --- | --- |
| **Setting preference** | |
| **Please state the name of the setting you wish to be named in Section I of your EHC Plan** | |
| Setting name |  |
| Reasons for your preference |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Completed by** | | | |
| Signed: |  | | |
| Date: |  | | |
| Has someone has helped you complete this form? | YES | NO | If yes, please record their name below and make sure their details are added in the *“Details of anyone supporting you”* box on page 1. |
|  |  |
| Full Name (please print): |  | | |
| Relationship to you: | Parent/Foster Carer/Social Worker/Other (please state): | | |
| Please complete this form and return **within 15 days** via email to [SENAR@Birmingham.gov.uk](mailto:SENAR@Birmingham.gov.uk) or via post to SEN Assessment & Review, PO Box 16289, Birmingham B2 2XN  *The data and contact details you provide in this document may be used by Birmingham Local Authority representatives to contact you (and anyone who you have consented to us speaking to) in relation to any and all aspects of your Education, Health and Care Plan.* | | | |