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| **Relevant Background Information** |
| *Include date of referral to the team, latest and any relevant progress with previous episodes of care, a BRIEF description of what your service has provided and whether the CYP is currently open to the service. State how you gathered the information for this advice e.g., case notes, phone call, f2f assessment etc. Do not put in information here about diagnoses and health needs (this is in later section).***Include strengths here:**  *Examples may be: good use of strategies to manage anxiety / good physical health and wellbeing / engaged with interventions* |

**Health Advice for Education, Health and Care Needs Assessment**

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| Child / Young Person’s Details |
| Name |  | Date of Birth |  |
| Home Address |  |
| School / Setting |  | NHS Number  |  |

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| **The views of the CYP / parent carer**  |
| *Make it clear how you obtained this information. Read the EHCNAR (Education Health and Care Needs Assessment Request form) document which details the aspirations, interests and views gathered as part of this assessment. Please check they are still relevant and add any new additions if required / appropriate.* |

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| **Health Needs, Outcomes and Provision**  |
| **Section C: CYP’s health needs and how they impact CYP** |
| *Prompt: If there are no needs in this category, please enter ‘****Child or young person’ name has no identified special educational needs in this area’****.**If there are needs: State, the CYPs difficulties / confirmed diagnoses* ***and how they impact*** *the CYP’s functioning in the setting (e.g. ‘X’s diagnosis means that medication can make XX sleepy in the school day’.). Avoid jargon, explain any necessary medical terms. Remain within your professional & clinical remit.*  |
| **Outcomes***Prompt: an outcome is the change or difference that your service is achieving through your intervention (over a max of the next 2 – 3 yrs)**It is important that outcomes are written in ways that enable:* *progress to be monitored, outcomes to be evaluated, decisions about future needs and provision to be made.* **H1:** **H2:** |
| Outcomes linked to provision | **Section G:** **CYP’s health provision required to meet CYP’s health outcomes** |
| E.g., H1 and H2 | *Section G* ***must******specify*** *the health provision needed to meet the health needs in Section C. Remain within your professional remit,* ***never*** *make recommendations about educational provision needed.**Frequency of reviews: please say no less than --- and by whom/which service.* *If specialist secondary/tertiary care input is not needed, please use the standard wording.* |
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| **DETAILS OF PROFESSIONAL COMPLETING THE ADVICE** |
| Name |  | Title |  |
| Service / Health Trust |  | Countersigned / QA (where applicable) |  |
| Email Address |  | Telephone number |  |
| Signature |  | Date advice completed |  |

Cc: Parent.