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

# Educational Advice for Education, Health and Care Needs Assessment

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| **Does this replace any previous advice given at stage 1 (YES/NO)** |  |
| **If YES please complete the remaining below** |  |
| **If NO do you require us to use the stage 1 advice provided (YES/NO)** |  |

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| **Relevant Background Information** |
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| **Child / Young Person’s Hopes, Dreams and Wishes for the Future** |
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| **Family’s Aspirations** |
| **Learning and Employment****Independence and Independent Living****Friendships and Community****Keeping Healthy** |

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| **THE OUTCOMES SOUGHT FOR THE CHILD / YOUNG PERSON** |
| **Aspiration – Learning and Employment** | **Outcome** | **By when** |
|  |  |  |
| **Aspiration – Towards Independence** | **Outcome** | **By when** |
|  |  |  |
| **Aspiration – Friendships and Community** | **Outcome** | **By when** |
|  |  |  |
| **Aspiration – Keeping Healthy** | **Outcome** | **By when** |
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| **COMMUNICATION AND INTERACTION** |
| CHILD/YOUNG PERSON’S STRENGTHS | CHILD/YOUNG PERSON’S SPECIAL EDUCATIONAL NEEDS AND HOW THEY IMPACT CHILD/YOUNG PERSON |
|  |  |
| **SECTION F**THE SPECIAL EDUCATIONAL PROVISION REQUIRED BY CHILD/YOUNG PERSON |
| Special Educational Provision | How often | Provided by |
|  |  |  |

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|  **COGNITION AND LEARNING** |
| CHILD/YOUNG PERSON’S STRENGTHS | CHILD/YOUNG PERSON’S SPECIAL EDUCATIONAL NEEDS AND HOW THEY IMPACT CHILD/YOUNG PERSON |
|  |  |
| **SECTION F**THE SPECIAL EDUCATIONAL PROVISION REQUIRED BY CHILD/YOUNG PERSON |
| Special Educational Provision | How often | Provided by |
|  |  |  |

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| **SOCIAL, EMOTIONAL AND MENTAL HEALTH** |
| CHILD/YOUNG PERSON’S STRENGTHS | CHILD/YOUNG PERSON’S SPECIAL EDUCATIONAL NEEDS AND HOW THEY IMPACT CHILD/YOUNG PERSON |
|  |  |
| **SECTION F**THE SPECIAL EDUCATIONAL PROVISION REQUIRED BY CHILD/YOUNG PERSON |
| Special Educational Provision | How often | Provided by |
|  |  |  |

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|  **PHYSICAL AND SENSORY** |
| CHILD/YOUNG PERSON’S STRENGTHS | CHILD/YOUNG PERSON’S SPECIAL EDUCATIONAL NEEDS AND HOW THEY IMPACT CHILD/YOUNG PERSON |
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| **SECTION F**THE SPECIAL EDUCATIONAL PROVISION REQUIRED BY CHILD/YOUNG PERSON |
| Special Educational Provision | How often | Provided by |
|  |  |  |

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| **OTHER AREAS OF NEED (e.g., medical, self-help)** |
| CHILD/YOUNG PERSON’S STRENGTHS | CHILD/YOUNG PERSON’S SPECIAL EDUCATIONAL NEEDS AND HOW THEY IMPACT CHILD/YOUNG PERSON |
|  |  |
| **SECTION F**THE SPECIAL EDUCATIONAL PROVISION REQUIRED BY CHILD/YOUNG PERSON |
| Special Educational Provision | How often | Provided by |
|  |  |  |

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| **Recommended number of SEN support units** |  |

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| **DETAILS OF PROFESSIONAL COMPLETING THE ADVICE** |
| Name |  | Title |  |
| Service / Agency |  | Address |  |
| Email Address |  | Telephone number |  |
| Signature  |  | Date advice completed |  |