

# **Parent/Carer Views**

*In order for us to make a decision about whether to conduct a statutory Education, Health & Care assessment of your child we require the following information about you and your child.*

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

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| **Parent / Carer Details** |
| **Name** |  |
| Relationship to Child |  | Has parental responsibility? |  |
| Home Address |  | Telephone  |  |
| Email  |  | Preferred Language |  |
| **Name** |  |
| Relationship to Child |  | Has parental responsibility? |  |
| Home Address |  | Telephone  |  |
| Email  |  | Preferred Language |  |

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

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| **Your Child’s Story** ***Please outline relevant background information about your child*** |
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| **All About Your Child** |
| Who lives at home with them? |  |
| Who else do they have a close relationship with e.g. wider family, friends?  |  |
| What things do they like / what do they enjoy doing? |  |
| What are their hopes, dreams and wishes for the future i.e. when they’re grown up? |  |

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| **Your Child’s Strengths & Needs** |
| What are they good at? |  |
| What do they find difficult?  |  |
| How do they communicate? Is there any support they need to communicate? |  |
| Do they have any health needs / diagnoses? Do they impact on their education? |  |
| Do their difficulties impact on your family at home?  |  |
| When did you first notice that they were having difficulties? |  |

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| **Your Child’s Education** |
| What support do they receive in their education setting? |  |
| What things have worked well? |  |
| What things haven’t worked well? |  |
| What support do you feel they need? |  |
| How do they need to be supported to be heard, understood, and stay safe and well? |  |

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| **Aspirations** |
| What would you like to see your child achieve in the short-term? |  |
| What would you like to see your child achieve when they grow up? This may include what you’d like them to do or be in the future including learning and employment, independent living, friendships and community, and keeping safe and healthy |  |

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| **Is there anything else you wish to tell us?** |
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| **What professionals are involved in supporting your child?** |
| **Name** | **Role** | **Service** | **Date Last Seen** | **Contact Details**  |
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| **Completed by** |
| Signed |  |
| Full Name (please print) |  |
| Date |  |
| Relationship to child | Parent/Foster Carer/Social Worker/Other (please state): |
| Please complete this form and return **within 15 days** via email to SENAR@birmingham.gov.uk or via post to SEN Assessment & Review, PO Box 16289, Birmingham B2 2XN*The data and contact details you can provide above may be used by Birmingham Local Authority representatives to contact you in relation to any / all aspects of the Education, Health and Care Plan for the pupil named on page 1.*  |