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Description automatically generated

Social Care Advice for Education, Health and Care Needs Assessment

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

|  |  |
| --- | --- |
| **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)** |  |

|  |
| --- |
| **Relevant Background Information** |
|  |

**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** |
|  |  |  |

# **THE CHILD OR YOUNG PERSON’S SOCIAL CARE NEEDS WHICH RELATE TO THEIR SEN**

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| --- |
| **THE CHILD / YOUNG PERSON’S SOCIAL CARE NEEDS WHICH RELATE TO THEIR SEN** |
|  |

# **SECTION H1: THE OUTCOMES SOUGHT AND SOCIAL CARE PROVISION THAT MUST BE MADE**

|  |  |  |
| --- | --- | --- |
| SOCIAL CARE PROVISION WHICH MUST BE MADE FOR A CHILD OR YOUNG PERSON UNDER 18 RESULTING FROM SECTION 2 OF THE CHRONICALLY SICK AND DISABLED PERSONS ACT 1970 (CSDPA) | | |
| Social Care Provision | Frequency | Provided by |
|  |  |  |

**SECTION H2: THE OUTCOMES SOUGHT AND SOCIAL CARE REASONABLY REQUIRED**

Please remember we only require provision which is beyond the universal offer for relevant needs identified.

|  |  |  |
| --- | --- | --- |
| **SECTION H2**  THE SOCIAL CARE PROVISION REASONABLY REQUIRED BY THE LEARNING DIFFICULTIES OR DISABILITIES WHICH RESULT IN THE CHILD OR YOUNG PERSON HAVING SEN | | |
| Social Care Provision | Frequency | Provided by |
|  |  |  |

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