A picture containing text, blackboard, light

Description automatically generated

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

# Educational Psychology Advice for Education, Health and Care Needs Assessment

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

|  |
| --- |
| Purpose: This statutory advice is written as part of XXXX’s current Education, Health and Care (EHC) statutory assessment. The advice contributes to the multi-disciplinary assessment of XXXX’s special educational needs (SEN) and should be read and utilised as necessary in conjunction with other reports and information made available for this purpose. XXXX has been known to Educational Psychology prior to the request for this advice. The Appendix (A1) below will provide more information about the context of Educational Psychology’s involvement to date. Sources of information for this advice are also detailed in the Appendix (A2). The rationale for the planned assessment approach was to provide a profile to describe relevant strengths whilst outlining the special educational needs. The most recent direct contact with XXXX was on YYYY. The analysis of XXXX's needs and recommended provision made here will not remain valid indefinitely since young people and their situations can and do change. |

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

|  |
| --- |
| **Child / Young Person’s Hopes, Dreams and Wishes for the Future** |
|  |
| **Family’s Aspirations** |
|  |

|  |
| --- |
| **Child / Young Person’s Hopes, Dreams and Wishes for the Future** |
|  |
| **Family’s Aspirations** |
| ViewsLearning and EmploymentIndependence and Independent LivingFriendships and CommunityKeeping Healthy |

| **Psychological Formulation / Summary** |
| --- |
|  |

| **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** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **COMMUNICATION AND INTERACTION** | | | |
| CHILD/YOUNG PERSON’S STRENGTHS | CHILD/YOUNG PERSON’S SPECIAL EDUCATIONAL NEEDS AND HOW THEY IMPACT CHILD/YOUNG PERSON | | |
|  |  | | |
| THE SPECIAL EDUCATIONAL PROVISION REQUIRED BY CHILD/YOUNG PERSON | | | |
| Special Educational Provision | | How often | Provided by |
|  | |  |  |

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

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **PHYSICAL AND SENSORY** | | | |
| 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 |
|  | |  |  |

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

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

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

|  |
| --- |
| **Appendices** |
| **A1. Other relevant background information /context of EP involvement**  **A2. List of sources of information used**  **A3. Other relevant information** |