This form should be completed as part of the EHC Needs Assessment. If an EHCP is issued as a result, the information you have provided within this form will be attached as an appendix and made available to the child/young person, parents/carers and contributing professionals.

|  |  |
| --- | --- |
| Name of service |  |
| Address |  |
| Contact details |  |

|  |  |
| --- | --- |
| Child/young person’s name |  |
| Date of birth |  |
| NHS Number |  |

|  |
| --- |
| SECTION A |
| XXX’s views and aspirations |
|  |
| Parent/carer views and aspirations |
|  |

|  |  |
| --- | --- |
| SECTIONS D, E and H | |
| XXX’s care strengths, needs, outcomes and provision | |
| Strengths |  |
| Social care needs |  |
| Long term outcomes |  |
| Targets for the next 12 months |  |
| Provision |  |
| Recommended input from/referrals to therapy services: | |

|  |  |
| --- | --- |
| Copies of this report have been issued to: | |
|  |  |
|  |  |

|  |  |
| --- | --- |
| This report is based on the following sources of information | |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Name and title of the professional completing this report |  |
| Signature |  |
| Date |  |