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| **Child / Young Persons Personal Details** | **Advice givers details** |
| **Family Name** |  | **Name:** |  |
| **Forenames** |  | **Position and Team:** |  |
| **DOB** |  | **Signature:** |  |
| **NHS Number** |  | **Managers/Peer Name** |  |
| **Consultants** |  | **Date:** |  |
| **Other Health Professionals** |  | **Contact Tel:** |  |
| **GP Practice** |  |  |  |
| **Who has Parental Responsibility?** |  | **Electronic Signature:** |  |
| **Home language** |  | **Signature** |  |
| **Is an interpreter required?** |  |  |  |
|  |  | **If known does the child have a Personal Health budget?** | Yes/no/don’t know |

**In the event that an Education, Health & Care plan is drafted for this child/young person, I confirm that information given can be used in the plan, including health provision details. Once the final plan is drafted please send a copy to ………………………………… (email of health professional completing the form) for final health approval.**

*This report is written for the sole purpose of this CYP’s special educational needs and cannot be reproduced or altered without consent from the author. Recommendations are based on the level of need as it is assessed at the current time This advice will be subject to review in line with the EHC review process but may be amended as considered appropriate by the therapist working with the CYP to reflect changing needs. Unless otherwise stated, the provision set out in this report is intended to be applied over the timescale until the next EHC review.*

Advice should be supplied in addition to any written information that has already been provided in the request for an EHC needs assessment.

Please refer to the guidance document for further information about the advice required.

Please return within the given timescale to the EHCP@newcastle.gov.uk

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| **SECTION A****Aspirations - The request for advice should also be accompanied by documents that include parent/carer and children and young people contributions (if they have been provided with the application)** **What are the child’s aspirations for the future?** **What does a great life look like for me now?’ ‘What are my aspirations for the future?’****If they could they would…..** |
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| **Section C****Health needs which are related to SEN or Disability**  |

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| **This health needs information is taken from (delete as appropriate):*** Discussion with parent by telephone or face to face
* GNCH medical electronic records
* Great North Care Records
* Other

**Diagnosis:****Current medications (indicate those required in school):****Medical history of note:*** xx

**Continence and personal care:****Hearing:****Vision:****Other concerns:** |
| **Problem** | **How does this impact education?** |
| *E.g. - Seizures* | *E.g. - Vacant episodes which cause memory loss* |
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| * **SEND Caseworker - This advice should be read in conjunction with advice from the following other healthcare professionals:**
 |
| Other doctor: |  | Physiotherapist |  |
| Speech and language therapist |  | Occupational therapist |  |
| CYPS/CAMHS |  | Specialist nurse |  |
| **Does this child have an Emergency Healthcare Plan?** |  |
| **Yes** |  | **No** |  |

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| **Section E – Outcome****Aims and aspirations***The long-term aim, e.g., at the end of Key stage / and the steps to be taken to achieve the long-term aim***SMART Targets** *(Specific, Measurable, Achievable, Relevant, Time bound)* | **Section G – Health Provision**Any health provision reasonably required by the learning difficulties or disability which Results in the child or young person having SEN (including Education Health Care Plan where required). Include provision required by child or young person to assist in preparation for adulthood and independent living. |
| ***Outcome*** | **Description of provision** | **How often will this happen** | **By whom** |
| *E.g. - Gemma's epilepsy will be controlled with medication* | *E.g training/medication* | *E.g.- twice a week/annually/termly* | *E.g.- CCN Team/Dietician/School staff* |
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| **Section C****Health needs which are NOT related to SEN or Disability** *If no health needs state 'none known'* |
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| **Description of provision** | **How often will this happen** | **By whom?** |
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**GUIDANCE ON COMPLETING THIS FORM**

**OUTCOMES**

* Outcomes should be linked to the child/young person and their family’s aspirations
* Outcomes should be Specific, Measurable, Achievable, Realistic and Time limited (SMART) such as:
* By the end of Year 2 Jane will be able to legibly write her own name, or
* By the end of year 11 John will have undertaken work experience in the decorating sector, or
* By end of September 2020 Billy will be in employment

**Categorising outcomes into the Preparation for adulthood themes:**

Outcomes should be categorised into one the four preparation for adulthood (PfA) themes, from the early years onwards, wherever possible. The four PfA themes are detailed below. If a child/ young person’s outcome will help them move towards one of these longer-term goals, it should be categorised under one of the headings. Detailed examples are available in the PfA Outcomes tool which is available at:

[**https://www.preparingforadulthood.org.uk/downloads/education-health-and-care-planning/pfa-outcomes-tool.htm**](https://www.preparingforadulthood.org.uk/downloads/education-health-and-care-planning/pfa-outcomes-tool.htm)

**E = Employment, I = Independence, C = Community Participation, H = Health**

**PROVISION**

* Provision must be detailed, specific and should be quantified.
* The provision detailed should be special educational provision (i.e., that which is above the level of provision which is ordinarily available).
* Health and Social Care provision which trains or educates a child should be included as educational provision and included in section B. Speech and language therapy should normally be recorded as educational provision unless there are exceptional reasons for not doing so.