

Health Statutory Assessment Report
for Educational Health Care Plan (EHCP)

STRICTLY CONFIDENTIAL

* This is a health record*

Child's Profile:

Name of Child :		Date of Birth:	
Gender:		Age:	
NHS No:			
Primary Language used at home:		Other Languages used in the home:	
Home Address:		School:	
Name of GP:		GP Address:	

Parent/Carer Information:

Parent / Carer Name (s):		Relationship to child:	
Parent / Carer Telephone no.		Parent / Carer Email:	

Details of Professional completing the assessment

Paediatrician		
Speech And Language Therapist		
Physiotherapist		
Occupational Therapist		

Name: DOB:

<i>Other professionals involved with the child (add as appropriate)</i>		
Health Visitor		
Continuing Care Team		
School Nurse		
Specialist Hospitals		
CAMHS		

Summary and Background

SECTION - A

Young Person's aspirations:

Parent's views:

SECTION - B

Summary of Strengths and Special Educational Needs

Cognition and Learning

Strengths:

SEN and implications:

Summary of Strengths and Special Educational Needs

Cognition and Learning

Strengths:

SEN and implications:

Communication and interaction

Strengths:

SEN and implications:

Sensory/Physical

Strengths:

SEN and implications:

Emotional and social health

Strengths:

SEN and implications:

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SECTION – C – HEALTH NEEDS

[Empty box for health needs]

SECTION – D – Social Wellbeing

SOCIAL CARE NEEDS

[Empty box for social care needs]

SECTION - E

Recommended Outcome(s) and Provision

The following outcomes and provision are based on current clinical assessment findings and are with regard to X's needs until the end of [foundation state, Key Stage 1, 2, 3, 4]. X's needs may change in the future and these recommendations may subsequently require amendment at the annual review arranged by Education, as considered appropriate by the Health Professional.

Section E: Special Educational Needs Outcomes	Section F: Special Educational Needs Provision		
	Provision to meet outcome	Amount and frequency of input	Who is responsible
Speech and Language Therapy:			
Physiotherapy ;			
Occupational Therapy:			

Section E: Health Outcomes	Section G: Health and Wellbeing Provision		
	Provision to meet outcome	Amount and frequency of input	Who is responsible

Child's Name:

DOB:

Speech and Language Therapy:			
Physiotherapy:			

Name:

DOB:

Occupational Therapy:			
Community Paediatrics			

Signatures:

Cc

Name: DOB: