**Confidential**

**Statutory advice for Education Health and Care Needs Assessment**

**Years 9 and above**

**Young Person’s Profile:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Date of Birth:** |  |
| **Gender:** | **Preferred pronoun:** | | **Age:** |
| **Primary language used at home:** |  | **Other languages used in the home:** |  |
| **Ethnicity:** |  | **Religion:** |  |
| **Young Person’s Home Address:** |  | **Young Person’s contact details: (if over 16 years age)** |  |
| **Parent(s)/Carer(s) name(s)** |  | **Relationship to young person:** |  |
| **Parent/Carer 1. Address if different from above and contact details** |  | **Parent/Carer 2. Address if different from above and contact details** |  |
| **Parent/Carers with parental responsibility** |  |  | |
| **Is the young person looked after (LAC) by Local Authority(under 18)? If yes, please state LA** |  | **Who has parental responsibility if in care/LAC:** |  |
|  | | | |
| **Current Education Setting:** |  | **Date started:** |  |
| **Previous Education Placements, if applicable** | | **Start Date** | **End Date** |
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| --- | --- |
| **Sources of information** | **Date/s** |
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| **Purpose of Assessment,** |

This report is provided to assist the Hounslow Local Authority in carrying out an Education Health and Care (EHC) needs assessment under the requirements of the Children and Families Act 2014. Its purpose is to provide a psychological perspective to help us to understand the current situation, to identify possible barriers and strengths, and to consider appropriate provision and positive outcomes.

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| **Background information (including Educational Psychology involvement)** |

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| **Young persons’ views, interests, and aspirations** |
| How I communicate and how I can be involved in decision making |
|  |
| What I find interesting and things I like |
|  |
| What i am good at and what I struggle with |
|  |
| My views on my progress with education what I would like my future to look like (including information around employment) |
|  |
| Where I think I am with my independence |
|  |
| My views on friendships, how I participate in the community, and what I want my future to look like outside of education (including information around living and friendships) |
|  |
| My views on my health and being healthy |
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| **Parent(s)/carer(s) views and aspirations for their child** |

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| **ASSESSMENTS** |

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| **Preparing for education, employment and training** |

**Strengths**

Use of language:

Understanding of language:

Attention and focus:

Academic skills (Reading Writing & Maths)

Career choice and planning

**Special Educational Needs – outline of difficulties and impact it has on their learning**

Use of language:

Understanding of language:

Attention and focus:

Academic skills (Reading Writing & Maths):

Career Choice and Planning:

|  |
| --- |
| **Independent living** |

**Strengths**

Taking care of self and recognising changes in body:

Independent travel/use of public transport:

Organisation skills:

Making choices (e.g. what activities to take part in, what to eat and living arrangements):

Managing technology & keeping safe online:

**Special Educational Needs – outline of difficulties and impact it has on their learning**

Taking care of self and recognising changes in body:

Independent travel/use of public transport:

Organisation skills:

Making choices (e.g. what activities to take part in, what to eat and living arrangements):

Managing technology & keeping safe online:

|  |
| --- |
| **Participation in society, including friends, relationships and community inclusion** |

**Strengths**

Friendships and social communication/interaction:

Making and maintaining relationships:

Choosing and knowing about different types of relationships:

Reciprocating social norms and cooperating with others:

Clubs/activities and social participation:

**Special Educational Needs – outline of difficulties and impact it has on their learning** Friendships and social communication/interactions:

Making & maintaining relationships:

Choosing and knowing about different types of relationships:

Reciprocating social norms and cooperating with others:

Clubs/activities and social participation:

|  |
| --- |
| **Good health** |

**Strengths**

Emotional regulation and mental health:

Sensory:

Gross and fine Motor skills:

Advocating for and managing their own health:

**Special Educational Needs – outline of difficulties and impact it has on their learning**

Emotional regulation and mental health:

Sensory:

Gross and fine Motor skills:

Advocating for and managing their own health:

|  |
| --- |
| **Summary and Psychological perspective** |

**Recommended Outcome(s) and Provision**

*(Please do not recommend specialist provision for a service area for which you are not responsible e.g. therapies)*

|  |  |
| --- | --- |
| **Outcomes (state by when it is anticipated they will be met)** | **SEN Provision to meet outcome** |
| **Preparing for education, employment and training** | ***Detail the type of intervention, who will deliver it, how often, for how long and who will review it*** |
|  |  |
| **Independent living** | ***Detail the type of intervention, who will deliver it, how often, for how long and who will review it*** |
|  |  |
| **Participation in society, including friends, relationships and community inclusion** | ***Detail the type of intervention, who will deliver it, how often, for how long and who will review it*** |
|  |  |
| **Good health** | ***Detail the type of intervention, who will deliver it, how often, for how long and who will review it*** |
|  |  |

**Signatories**

Has the report been discussed with the young person (over age 16 years age) and Parent / Carer?

*(Please provide details e.g. meeting date, date of telephone conversation and any comments)*

**Signed:**

**Name:**

**Designation/Job title:**

**Date:**

**Copy to:**

Young Person’s name ( age 16 and over):

Parents:

EHC Officer ………………………………………EHC & Review Team

Education Setting:

*Nb. This Educational Psychology Advice has been commissioned by the London Borough of Hounslow Special Educational Needs and Disability Assessment and Review Team as part of X’s Education, Health and Care Needs assessment.* *Unfortunately, it will not be possible to enter into correspondence about the content of the report, except in the case of factual errors, in which case contact should be made with the Assessment and Review team who will refer it to the Educational Psychologist for consideration.*