**Child/Young Person and Parental Contribution to EHC Needs Assessment**

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| **My name is:** |  |
| **I like to be known as:** |  |
| **My date of birth is:** | Click or tap to enter a date. |

Parents can complete this form on behalf of their child if they are unable to do so.

**Contact Details**

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| **Child / young person** |
| **First name** |  |
| **Surname** |  |
| **Address** |  |
| **Date of birth** |  |
| **Gender** |  |
| **Telephone**  | *home* |  |
| *mobile* |  |
| **E mail address** |  |
| **Ethnicity** |  |
| **Home language** |  |
| **NHS Number** |  |
| **Parent / carer**  |
| **First name** |  |
| **Surname** |  |
| **Address***(if different from above)* |  |
| **Telephone**  | *home* |  |
| *mobile* |  |
| **E mail address** |  |
| **Relationship to child** |  |
| **First language** |  |
| **Interpreter required?** |  |
| **Parent / carer (if a 2nd person has parental responsibility)** |
| **First name** |  |
| **Surname** |  |
| **Address***(if different from above)* |  |
| **Telephone**  | *home* |  |
| *mobile* |  |
| **E mail address** |  |
| **Relationship to child** |  |
| **First language** |  |
| **Interpreter required?** |  |

**My Views**

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| **My Dreams and Aspirations - What do I hope and wish for in the future?** |
| **Things I think I am good at.**  |
| **Things I find tricky or things I am working on.** |
| **Things I like and enjoy.**  |
| **How I like to be helped and supported.** |
| **Who completed this?** |  |

**My Family’s Views**

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| **Our aspirations for XXX:***You may want to include long term and short term goals you have for your child.*  |
| **XXX’s History:***Please include details of the child’s developmental history and/or any significant life events relevant to their special educational needs.*  |
| **Things we would like people to know about XXX:***You may want to include strengths, needs, likes and dislikes.*  |
| **How best to communicate with XXX:** |
| **Additional information you feel is important for people to know:** |
| **Signed:** |  |
| **Date:** |  |