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

|  |  |
| --- | --- |
| **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**

|  |  |  |
| --- | --- | --- |
| **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**

|  |  |
| --- | --- |
| **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**

|  |  |
| --- | --- |
| **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:** |  |