**Health advice for the education, health and care needs assessment**

**Provided by:**

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| --- | --- | --- | --- |
| **Name** | **Role** | **Date** | **Any attachments?** |
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| **Child’s or young person’s name:** |  |

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| --- | --- |
| **Name**  |       |
| **Date of birth**  |       |
| **Parent or carer names (indicate parental responsibility)** |       |
| **Family contact address** |       |
| **Post code** |       |
| **Home telephone number** |       |
| **Mobile telephone number** |       |
| **Work telephone number** |       |
| **Email address/s** |       |
| **Language used at home** |       |
| **Main communication method** |       |
| **Language interpretation support needed for the child or young person?** | Yes □ No □ |
| **Language interpretation support needed for the parent or carer?** | Yes □ No □ |
| **Date advice written/ template completed** |       |

Please write N/A under any headings where you have nothing to contribute

**The child’s or young person’s health needs which relate to their special educational needs (EHCP Section C)**

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| **Summary of current diagnosis and health conditions (including medical, diagnosis, social history, family history)** |
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| **Specific background information (history of involvement , for example, from HRCH and others) to give a wider picture of health involvement)** |
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| **Summary of current medical and nursing needs or care plan** |
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| **Current health intervention and involvement (including medical equipment)** |
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| **Breathing (Does the child or young person require assistance with breathing?)** |
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| **Continence and elimination (Is the child or young person continent; appropriate to age and development?)** |
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| **Feeding and nutrition (Are the child’s or young person’s nutritional needs being met?)** |
|  |
| **Personal care (Is the child or young person able to meet their personal care needs, for example, dressing, hygiene, safety, appropriate to their age and development?)** |
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| **Seizures (Is there history or evidence of seizures?)** |
|  |
| **Medicine management (Does the child or young person require regular administration of medicine in the setting?)** |
|  |
| **Other health needs (please add sub-sections and headings as needed)** |
|  |
| **Likely impact of health needs on child’s or young person’s education** |
|  |
| **Environmental support or adjustments needed** |
|  |

**Summary of the child or young person’s strengths and special educational needs (EHCP Section B):**

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| **Overview and outline** |
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**Cognition and learning**

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| **Strengths:**  |
|  |
| **Special educational needs:** |
|  |

**Communication and interaction (To what extent is the child or young person able to communicate verbally or non-verbally appropriate to their developmental age?)**

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| --- |
| **Strengths:** |
|  |
| **Special educational needs:** |
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**Social, emotional and mental health (Does the child or young person have psychological or emotional needs that are beyond what would normally be expected of a child or young person of this age? If so what are the risk factors that have been identified?)**

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| **Strengths:** |
|  |
| **Special educational needs:** |
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**Sensory processing**

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| --- |
| **Strengths:** |
|  |
| **Special educational needs:** |
|  |

**Physical**

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| --- |
| **Strengths:** |
|  |
| **Special educational needs:** |
|  |

**Mobility (To what extent is the child’s or young person’s physiological functioning affected?)**

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| --- |
| **Strengths:** |
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| **Special educational needs:** |
|  |

**Maintaining a safe environment (Is the child or young person able to maintain their safety independently, appropriate to their age and development?)**

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| **Strengths:** |
|  |
| **Special educational needs:** |
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**Preparing for adulthood (where the young person is 14+ years)**

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| --- |
| **Strengths:** |
|  |
| **Special educational needs:** |
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| **Health provision to meet health needs - action plan (in priority order where possible)**  |
| **Goal to achieve the outcome**  | **Provision**  | **By whom** | **By when**  | **Who by and when will long term or short term goals be reviewed** |
|       |       |       |       |       |
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| **Health provision to meet SEN needs - action plan (in priority order where possible)**  |
| **Goal to achieve the outcome**  | **Provision**  | **By whom** | **By when**  | **Who by and when will long term or short term goals be reviewed** |
|       |       |       |       |       |
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| **Any further information** |
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**Resource plan**

In order to achieve success for       as described in this education, health and care plan, the following resources need to be commissioned from the local offer.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Therapy and health support** | **Health or SEN need** | **To be provided by** | **To be commissioned by** | **Cost** |
|       |  |       |       |       |
|       |  |       |       |       |
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| **Additional services or equipment** | **Health or SEN need** | **To be provided by** | **To be commissioned by** | **Cost** |
|       |  |       |       |       |
|       |  |       |       |       |

**This advice reflects current needs and is valid for one year from the time of writing (unless otherwise stated)**