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

**Provided by:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Role** | **Date** | **Signature** | **Any attachments?** |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Child’s or young person’s name & DOB:** |  |

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

|  |
| --- |
| **Summary of current diagnosis and health conditions** (including medical, diagnosis, social history, family history if relevant) |
|  |
| **Specific background information** (history of involvement , list of professionals/services involved to give a wider picture of health involvement, including the independent sector) |
|  |
| **Summary of current medical, health and nursing needs or care plan & Equipment** |
|  |
| **Breathing** (Does the child or young person require assistance with breathing?) |
|  |
| **Continence and elimination** (Is the child or young person continent; appropriate to age and development?) |
|  |
| **Feeding and nutrition** (Are the child’s or young person’s nutritional needs being met?) |
| **Growth**: |
| **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?) |
|  |
| **Seizures** (Is there history or evidence of seizures? If Yes, there should be an Epilepsy Care Plan) |
|  |
| **Medicine management** (Does the child or young person require regular administration of medicine in the setting?If yes, there should be a Health Care Plan at the setting**)** |
|  |
| **Other health needs** (please add sub-sections and headings as needed) |
| **Hearing & Vision**:  **Immunisations**:  **Dental**:  **Sleep**:  Allergies: |
| **Likely impact of health needs on child’s or young person’s education** (broad description) |
|  |

**Summary of the child or young person’s strengths and special educational needs (EHCP Section B):** *use this form up to Year 9. If Year 10 & above, use EHC2 below)*

|  |
| --- |
| **Overview and outline** |
|  |

**Cognition and learning (**for Ed Psych, unless developmental assessment results)

|  |
| --- |
| **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? For SLT)

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

**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?)

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

**Sensory processing** (for OT, if involved)

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

**Physical** (include Hearing, Vision, and physical needs)

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

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

|  |
| --- |
| **Strengths:** |
|  |
| **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?)

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

**Preparing for adulthood** (where the young person is 14+ years. Delete if not applicable)

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

# (EHC-2 for Yr10 and above. Delete if below Yr10)

# 

# Section B: Summary of strengths and special educational needs

|  |
| --- |
| **Overview** |
|  |

|  |
| --- |
| **Further or Higher Education and/or Employment (also Training / Apprenticeships etc.)** |
| **Strengths**: |
| **Special educational needs**: |
| **Independence and Independent Living** |
| **Strengths**: |
| **Special educational needs**: |
| **Community and Friendships** |
| **Strengths**: |
| **Special educational needs**: |
| **Maintaining Good Health** |
| **Strengths**: |
| **Special educational needs**: |

**Sections C – I: Support Plan**

Each identified special educational need in Section B requires a provision necessary to achieve the outcome.

|  |
| --- |
| **Briefly describe how the Outcomes documented in this section link to the Aspirations described in Section A** |
|  |

|  |  |  |
| --- | --- | --- |
| Section E. Outcomes (by the end of Key Stage, or other to specify) | Section F. SEN provision including  **Environmental support/training or adjustments needed** | By whom |
| **Cognition and learning** |  |  |
| **Communication and interaction** |  |  |
| **Social, emotional and mental health** |  |  |
| **Sensory and physical** |  |  |

*Note: Needs defined in Section B to Provision defined here (section F) should be linked by using reference numbers. For more detailed information refer to the guidance in the Golden Binder*

***Year 9:*** *For children / young people in year 9 append the following Preparing for Adulthood categories below. to this document (Form* **EHC-PFA***).*

*For Year 10 and above, use this for Section C.*

|  |  |  |
| --- | --- | --- |
| Section E. Preparing for Adulthood Outcomes (by the end of Key Stage, or other to specify) | Section F. SEN provision To includeEnvironmental Support/Training or adjustments needed | By whom |
| **Further or Higher Education and / or Employment** |  |  |
| **Independence and Independent Living** |  |  |
| **Community and Friendships** |  |  |
| **Maintaining good Health** |  |  |

*Note: Needs defined in Section B to Provision defined here (section F) should be linked by using reference numbers. For more detailed information refer to the guidance in the Golden Binder.*

[***https://www.afcinfo.org.uk/pages/local-offer/information-and-advice/assessment-and-education-health-and-care-planning/golden-binder-needs-assessment-education-health-and-care-plans-ehcp-processes-guidance-forms-and-templates***](https://www.afcinfo.org.uk/pages/local-offer/information-and-advice/assessment-and-education-health-and-care-planning/golden-binder-needs-assessment-education-health-and-care-plans-ehcp-processes-guidance-forms-and-templates)

**Health Needs**

|  |  |  |
| --- | --- | --- |
| Section C. Health needs | Section G. Health provision | By whom |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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| --- |
| **Any further information** |
|  |