

## Our Views

### ONE Plan for Education, Health and Social Care

*Please use this form to provide us with your views as to why you feel an Education, Health Care Needs Assessment is relevant for your child and to tell us about you and your family*

***If you need any help completing this form SEND Family Partnership (Information Advice and Support Service) can be contacted on 01785 356921 to help***

**Child/Young Person's Name:**

**Date of birth:**

**Current age:**

**Parent(s)/Carer(s) Name:**

**Address:**

**Telephone:**

**Email:**

**Preferred Method of Contact:**

**Educational Setting:**

### **Our Concerns**

*In this section we would like to hear about your concerns. What are the reasons behind your request for an Education, Health & Care Needs Assessment?*

### **Current Support and Progress**

*Tell us about what support is currently being provided by school – please also tell us what has and hasn't been working*

### **Current Support Services Involved**

*In this section we would like you to list any support services that have been involved within the last 2 years e.g. Educational Psychologist (please note: if you have any reports or documents that you feel would evident service involvement please provide us with copies)*

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## **About Your Child**

*Please use this section to tell us about your child*

**What are their strengths, positive experiences and achievements?**

**What is important to your child?**

**What does good support in school look like?**

**Hopes for the future/Life Aspirations**

## **About Your Family**

*Please use this section to tell us about your family*

### **Family Members**

**What is important to you as a family?**

**What do you want for your child in the future?**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**REQUEST TO UNDERTAKE AN EHC ASSESSMENT**

**PARENTS' CONFIRMATION OF REFERRAL**

NAME OF CHILD \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

NAME OF PARENT (S) IF DIFFERENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TEL NO: \_\_\_\_\_

**PREFERRED METHOD OF COMMUNICATION**

Email  Letter  Telephone  Other, please specify \_\_\_\_\_

I/we confirm agreement to the Local Authority carrying out an EHC assessment of our child's special needs.

I/we wish you to take account of our views and additional information, which are attached:

I/we do not have any further views to submit at this stage:

Signed \_\_\_\_\_

Relationship to child or young person \_\_\_\_\_

Date \_\_\_\_\_

**Please return to:**

**SEND EHC Assessment and Planning Team  
Single Point of Access  
Staffordshire Place 2  
Tipping Street  
Stafford  
ST16 2DH**

