



Appendix A

EHC Assessment: Young Adult's Views

Please ask if you need help to complete this form.

The Local Authority would like to know your views and concerns about your special educational needs. This will help us to make a decision about whether to proceed with a statutory Education, Health and Care (EHC) assessment. If an EHC assessment is agreed, you will have the opportunity to provide further comments if you wish.

Young Adult's Personal Details

First Name	Surname		Preferred Name
Home language/other languages spoken	Gender	Date of Birth	Ethnic Origin
Home Address			
Are you in care to a Local Authority?		Yes/No	

If Yes, please provide the following details:

Name of the Local Authority
Name of the Social Worker

Parent(s) or Carer(s)

Surname		Other Name	
Home Address (if different to child/young person)			
Relationship to child		Parental Responsibility	Yes/No
Tel No		Mobile	
Email			
Do you have a disability that we may need to consider when communicating with you? If Yes, please specify below			

Surname		Other Name	
Home Address (if different to child/young person)			
Relationship to child		Parental Responsibility	Yes/No
Tel No		Mobile	
Email			
Do you have a disability that we may need to consider when communicating with you? If Yes, please specify below			

Please submit a photograph of yourself with this form, if you wish. If an assessment results in the creation of an EHC plan, the photograph will be used on the front page.

Mental Capacity

Young people over compulsory school age have the right to participate in decisions about the provision that is made for them and be consulted about provision in their areas, although there is nothing to stop them asking their parents, or others to help them make the decision. However, some young people, and possibly some parents, will not have the mental capacity to make certain decisions.

The Mental Capacity Act (2005) and the Children and Families Act (2014) set out five key principles relating to those who may lack capacity:

- It should be assumed that everyone can make their own decisions unless it is proved otherwise
- A person should have all the help and support possible to make and communicate their own decision before anyone concludes that they lack capacity to make their own decision
- A person should not be treated as lacking capacity just because they make an unwise decision
- Actions or decisions carried out on behalf of someone who lacks capacity **must** be in their best interests
- Actions or decisions carried out on behalf of someone who lacks capacity should limit their rights and freedom of action as little as possible

Please see Annex 1 of the SEN Code of Practice for more information.

What medical support are you receiving?

Please tell us which health services are involved, or have been involved with your care in the last 12 months, please tick and give names of professionals:

- Community Child Health/Paediatric Department
- Integrated Therapy Services:
 - Occupational Therapy Service
 - Physiotherapy Service
 - Speech and Language Therapy Service
- Mental Health Service
- Any other health professionals (please list below)

Names and Contact Details

Declaration of Consent

1. I agree to relevant reports being obtained from any of the services named above and I realise this may involve examination by a school doctor and/or an interview by an educational psychologist.
2. I agree that, should it be necessary, these reports will be updated on an annual basis or if I request.
3. I understand that my rights will be unaffected and that I will be able to see all reports obtained.

Signed: **Date:**

Please return this form completed, including signature, to:

Special Educational Needs
County Hall
TAUNTON
Somerset
TA1 4DY

Without this form we will be unable to obtain medical records.

i. Young Adult's Views

About You

The headings below are to help you with your contribution to your education, health and care assessment. You, your parents or your school/college may have requested this. We would love to have your views. It would be helpful if you use the headings we have suggested, as this will help us identify the things that are most important to you. You can write as much or as little as you like, and present the information in the way you feel is best.

My story so far...

Please give a bit of history about you, your needs and how they affect your life and your family.

People who play an important part in my life

This could be relatives, brothers, sisters, friends, people at school/college/work, people helping with care.

Things I like and admire about myself

Things others say they like and admire about me
(What do your friends and family like about you?)

Things I'm good at

What's working well

(This could be at home, school or college – anything you think is going well, such as a particular subject or job you do at home. Why do you think it is going so well?)

What's not working so well

(Are there some things you feel you need more help with?)

Things I'd like to change

(Are there some things that could be better for you?)

Things I like to do

(Hobbies, interests, things you enjoy)

Things I don't like to do

(Things that make you anxious, unhappy or worried)

New things I'd like to try

(Things you haven't done before, but think you would like to give them a go)

What I would like for the future

(This could be next year or in ten year's time – think about college, finding a job, living independently, learning to drive)

A bit more information about your needs and your history...

General Health (What are your eating, sleeping habits? Do you generally feel fit and well? Have you had lots of time off school/college? Have you had to stay in hospital at all? Do you take medication or have a special diet? Do you have any issues with alcohol or drugs? Do you smoke?)

Physical Skills (Are you able to enjoy: walking, running, sports, riding a bike, team games, drawing, writing? Anything else?)

Self Help (Do you get yourself up and dressed in the mornings? Can you prepare meals for yourself? Are you able to organise your day? Do you need help getting around and staying safe?)

Communication (are you confident talking to others, understanding them and being understood? Do you communicate with friends and family by phone/email/text?)

Activities (Are you a member of any clubs, do you play sport? Do you like socialising with others? Are you happy to spend time alone?)

Relationships (how do you get on with brothers and sisters, friends, other adults, at home and outside?)

Behaviour at home (do you behave differently at home than at school or college?)

At School/College (Relationships with others, progress with reading, writing, number skills, other subjects and activities. How has school/college helped you? Do you enjoy going to school/college? What do you find easy/difficult?)

Anything else?

Is there anything else you would like to tell us?

Did anyone help you with these questions? If yes, what is their name and relationship to you?

Why do you think an Education, Health and Care Plan will be helpful?

Is there anyone else who you think we should contact for more information?

Please include their name(s), contact details and relationship to you

ii. Parent/Carer Views

You know your child/young person better than anyone else. You have valuable information that the Local Authority needs in order for us to make a good decision about your child's Education, Health and Care.

The headings below are to help you with your contribution to the assessment of your child/young person. It would be helpful if you use the headings we have suggested, as doing so will help us identify the things that most concern you. You can write as much or as little as you like.

Your names(s) and relationship to child/young person:
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Your child's early years

(Any issues during pregnancy; what s/he was like as a baby; what you thought of his/her progress at the time; what help you received; any significant events or changes that affected your child in these early years)

What is your child/young person like now?
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General Health

(Eating, sleeping habits; general fitness, absences from school, minor ailments – coughs and colds; serious illnesses/ accidents – periods in hospital; any medication or a special diet; general alertness, tiredness, signs of drug or alcohol use, smoking)

Physical Skills

(Walking, running, climbing, riding a bike, team games, drawing, writing, doing jigsaws, household gadgets, sewing)

Self Help

(Personal independence skills, personal hygiene, dressing, keeping room tidy, coping with daily routine, getting out and about, awareness of danger)

Communication

(Level of speech, understands and responds to others, explains and describes things, uses the telephone, uses email)

Playing and learning at home

(Watching television, concentrating, playing alone, favourite toys and activities, sharing, finding out about things)

Activities Outside

(Belonging to clubs, sporting activities, socialising with others, happy to be alone?)

Relationships

(With brothers and sisters, friends, other adults, at home and outside)

Behaviour at home

(Cooperates, shares, listens to and carries out requests, helps in the house, fits in with household rules and routines, moods – good and bad – shows affection, sulks, throws tantrums)

At School/College

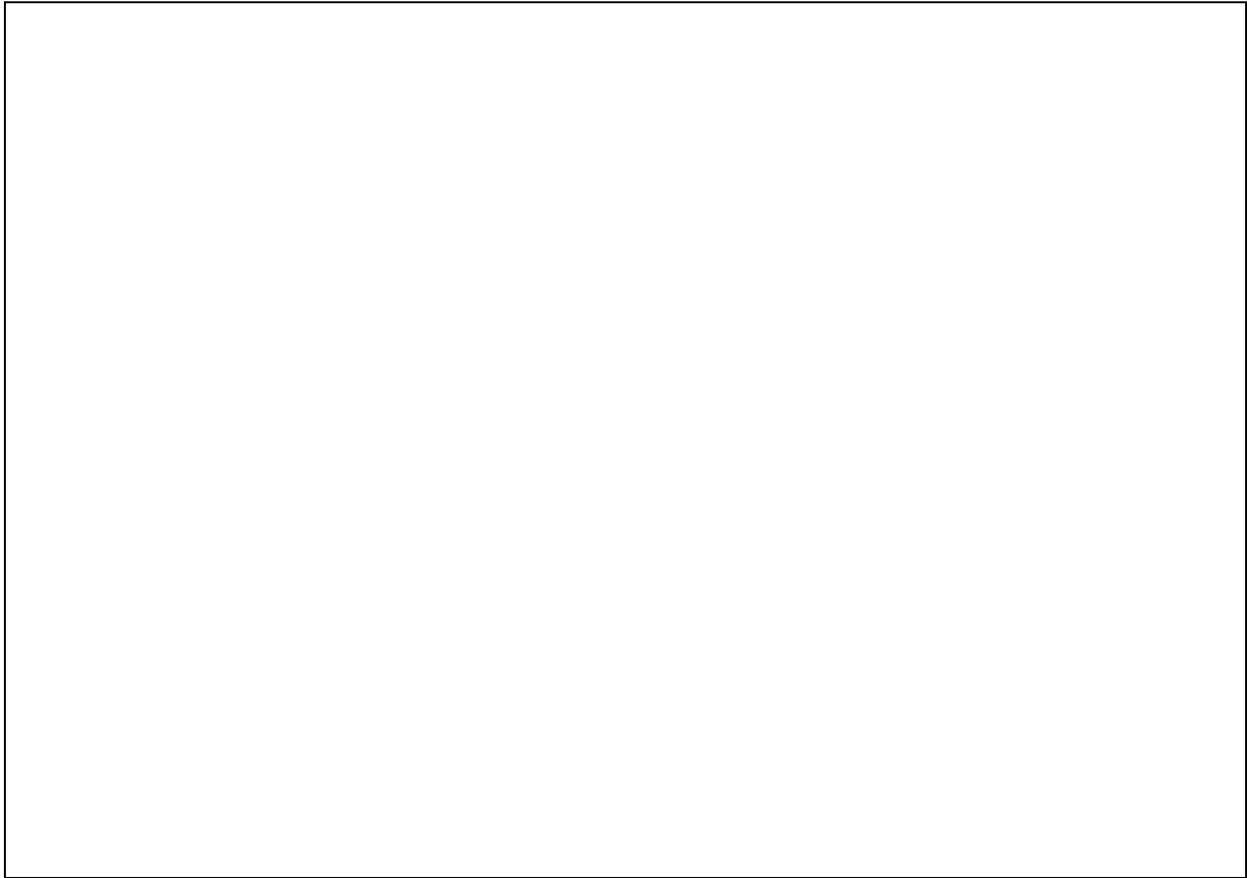
(Relationships with others, progress with reading, writing, number skills, other subjects and activities. How the school/college has helped with your child. Have you been asked to help with schoolwork – hearing him/her read – with what result? Does s/he enjoy going to school/college? What does s/he find easy/difficult?)

Your general views

Think about:

1. What do you think your child's special educational needs are?
2. What support would be useful (who, where, when and how?)
3. Is your child aware of his/her difficulties? What does s/he worry about?
4. What is your child good at/what does s/he enjoy doing?
5. What are your aspirations for your child?
6. Is there anything else you would like to tell us?

Why do you think an Education, Health and Care Plan will be helpful?

A large, empty rectangular box with a thin black border, intended for the user to write their response to the question above.