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**Children and Families Act 2014**

**Parent Carer Views Form for an Education Health & Care**

**Plan Annual Review for Children & Young People aged 0-25**

It is important that we get your views and feelings about your child’s education, health and care needs. You can use this form to tell us about the progress your child is making, what is working and what could be better as well as what you want for them in the future.

To help you fill in this form there is a Parent Carer Guide to Education Health & Care Plan Annual Reviews available which will explain more about why these questions are being asked and how to answer them. It also tells you more about the Annual Review process and what to expect.

You can have someone else complete the form on your behalf ***but you must sign it***. If you would like help with this you can contact SEND Information, Advice and Support Service

Web: [www.southtynesidesendiass.co.uk](http://www.southtynesidesendiass.co.uk)

Tel: 0191 424 6345

Email: sendiass@southtyneside.gov.uk

You will be invited to a meeting to discuss your child’s progress over the last year and what provision needs to be in place in the future. When we receive the information about the annual review from the practitioner co-ordinating it, we will write to you to let you know the outcome.

***Children, Adults and Health***

***Parent/Carer Views Form***

**Annual Review of Education Health & Care Plan for children and young people aged 0 – 25.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Child’s Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname: |  |  | Forename: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Birth: |  |  | Gender: | Male |  | Female |  |

|  |  |
| --- | --- |
| Home Address: |  |
| Postcode: |  |
| Telephone number: |  |

|  |  |
| --- | --- |
| School/Setting: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ethnicity: |  |  | Language spoken at home: |  |

**Your Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Parent/Carer: |  |  | Name of Parent/Carer: |  |

|  |  |  |
| --- | --- | --- |
| Address of Parent/Carer: |  | Address of Parent/Carer: |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Telephone Number: |  |  | Telephone Number: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| E-Mail Address: |  |  | E-Mail Address: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Relationship tochild/young person: |  |  | Relationship tochild/young person: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Preferred Method of Contact: |  |  | Preferred Method of Contact: |  |

|  |  |
| --- | --- |
| Is there anything which makes it difficult to attend meetings? |  |

|  |  |
| --- | --- |
| Who has parental responsibility? |  |

Do you have any specific communication needs? This can be spoken or written communication difficulties for example, English as a second language, hearing impairment, visual impairment.

Yes No If yes, please specify

## Your Views

|  |  |  |
| --- | --- | --- |
| Do you feel you child is making progress towards their outcomes in their current EHCP? | Yes | No |
| Please tell us why you feel this way |

### Section 1: Outcomes

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|  |  |  |
| --- | --- | --- |
|  | What’s working Well? | What could be better? |
| EDUCATION |  |  |
| HEALTH |  |  |
| SOCIAL CARE |  |  |

|  |  |  |
| --- | --- | --- |
| Are you requesting changes to your child’s EHCP? If yes, please provide details of what | Yes | No |
|  |

### Section 2: Moving Forward

|  |
| --- |
| Thinking about your child’s future, what would you like them to achieve?  |
| Education/Moving to Employment |  |
| Home & Independence |  |
| Health & Wellbeing |  |
| Friends, Relationships & Community |  |

|  |
| --- |
| Please provide any additional information that you feel is important |
|  |

**Parent/Carer Statement: Please ensure that you have read and understood all of the following statements**

I/We understand that the Local Authority **must** seek information about my/our child’s additional needs from the following services in order to review their Education, Health and Care Plan even though my/our child may not be involved with these services:

* School
* Educational Psychologist (for children of statutory school age)
* Designated Medical Officer and Health Services
* Children’s Social Services

I/We understand that the Local Authority may also ask for information from other professionals not included in this list if necessary. **Access may be required to confidential medical records held by my/our child’s GP and/or consultant and I/we consent to this information being shared with the LA.**

I/we agree to the reports that are collected for the Education, Health and Care Plan being circulated to the relevant professionals when the draft Education, Health and Care Plan is circulated.

**I/We understand that copies of any information I/we provide could be made available to everyone involved in this assessment and to a SEN Tribunal.**

I/We have read the statements above (or had them read to me/us) and understand that based on the information in this form and evidence from other practitioners they will make a decision to either amend, cease or make no changes to my child’s EHCP.

|  |  |
| --- | --- |
| **Signature of Parent(s)/Carer(s)** |  |
| **Name(s)** |  |
| **Date** |  |

If someone has helped you to complete this form, please let us know their details below:

|  |  |
| --- | --- |
| **Name** |  |
| **Name of organisation they belong to (if relevant)** |  |

|  |  |
| --- | --- |
| **Name of child/young person** |  |
| **Date of birth** |  |
| **NHS number (if known)** |  |

**Please return this form to:**

SEND Services, Children, Adults & Families Or by e-mail to sen@southtyneside.gov.uk

Town Hall & Civic Offices

Westoe Road

South Shields, Tyne & Wear

NE33 2RL