## STATUTORY ADVICE FOR AN EDUCATION, HEALTH AND CARE PLAN

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| **Service Providing Advice (please complete):** |
| **Child/Young person’s name:** |  |
| **Current educational setting:** |  |
| **Address:** |  |
| **Date of Birth:** |  |
| **Is this child/young person in the care of the local authority?** | **Yes / No (Please circle as appropriate)**  |

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| **CURRENT DESCRIPTION OF THE CHILD/YOUNG PERSON'S FUNCTIONING** |
| **Overview of the Child/Young Person's needs including any diagnosis** |
| **Communication / Interaction** |
| **Strengths:** |
| **Areas of Additional Need:** |
| **Cognition / Learning** |
| **Strengths:** |
| **Areas of Additional Need:** |
| **Social / Emotional Mental Health** |
| **Strengths:** |
| **Areas of Additional Need:** |
| **Sensory and / or Physical Needs** |
| **Strengths:** |
| **Areas of Additional Need:** |
| **Preparing for Adulthood (Year 9 onwards)** |
| **Employment:****Independent Living:****Friends, relationships and community:****Good health:** |
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| **2. PROPOSED NEW OUTCOMES AND PROVISON** (targeted for the child/young person including adult life) |
| **Outcome** |  | **By when** | **Frequency and quantity** |
| **1.** |   |   |           |
| **2.** |   |   |           |
| **3.** |   |   |           |
| **4.** |   |   |           |
| **5.** |   |   |            |

|  |  |  |  |
| --- | --- | --- | --- |
| **Provision/support** | **By whom** | **Frequency & Quantity** | **Which Outcome does this provison/support relate to?** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **5.** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Position |  |
| Name |  | Date |  |

**Please return the completed form**

* **For Statutory Assessment (SA)**

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| Redcar & Cleveland Borough CouncilChildren and Families Directorate Special Educational Needs ServiceBelmont HouseRectory LaneGuisboroughTS14 7FD* **FOR ANNUAL REVIEWS (AR)**

EDUCATIONAL SETTING AS DETAILED ABOVE |