# Education, Health and Care Needs Assessment

# Family Views and Aspirations

**Name :**

**Date** *DD/MM/YYYY*

#

# Parent/Carer Contact Details

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| Parent/Carer 1 | Parent/Carer 2 |
| Name:  |  | Name: |  |
| Relationship: |  | Relationship: |  |
| Home address: |  | Home address: |  |
| Telephone number: |  | Telephone number: |  |
| Email address: |  | Email address: |  |
| Home language: |  | Home language: |  |
| Interpreter required? | YES/NO | Interpreter required?  | YES/NO |
| Additional support needed: | YES/NO | Additional support needed: | YES/NO |

Family’s views and aspirations

The information you give here will be used to support the EHCNA request and then may be included in the EHCP.

Please write the most important information so all people can quickly understand how to support your child/young person. Additional information can be included as an appendix when the request is made.

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| **Summary of key events in your child history and how these impact on them now:**This could include development, health, schooling, independence, family changes or friendships. |
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| **Please add your hopes, dreams and aspirations for your child’s future.**This information will help us understand what outcomes to work towards. |
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| **Are there family, friends or others who are important to your child?**For example, is there someone special who develops their independence or provides support? |
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| **What are your child strengths?**These are the things to celebrate, things the child/young person is good at, or enjoys, which will support overall good outcomes. |
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