**Appendix A**

**EHC Assessment: Young Adult's Views**

**For Young People 16 years and over**

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
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|  |
| * Integrated Therapy Services:
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|  |
| * Occupational Therapy Service
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|  |
| * Physiotherapy Service
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| * Speech and Language Therapy Service
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|  |
| * Mental Health Service
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| * Any other health professionals (please list below)
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| 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…**

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| --- |
| **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?**

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**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:** |
| **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?**  |
| **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?**

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| --- |
|  |

**Privacy Notice**

This notice explains how the Council will use the personal data collected on this form:

**Data Controller:** Somerset Council

**Data Protection Officer contact**: InformationGovernance@somerset.gov.uk

**Purpose for processing**: To facilitate the education, care and health assessment process and to ensure that any identified needs can be appropriately met.

**Legal basis for processing**: GDPR Article 6(1)(e) – processing is necessary for the performance of a task carried out in the public interest of in the exercise of official authority vested in the controller and for special category data, Article 9(2)(g)– processing is necessary for reasons of substantial public interest which shall be proportionate to the aim pursued.

**Data Sharing**: the data will be shared as necessary to establish how the child’s identified needs may be met and to then to engage appropriate provision. Data will not be transferred abroad.

**Data Retention:** data will be retained in accordance with the Council’s published retention schedule unless there are any other overriding legal requirements.

**Your Rights:** You have the right to ask Somerset Council for a copy of your information and a number of other rights relating to the processing of your personal data. Please see here for further details: [www.somerset.gov.uk/privacy](http://www.somerset.gov.uk/privacy)