

# Guidance for Parents and Carers completing

## Appendix 1B: Voice of the Parents and Carers Form.

**Kent County Council**  
kent.gov.uk

Education  
Health  
Care

**Appendix 1B**

Voice of Parents and Carer's Form for an Education, Health and Care Plan (EHCP)

1



# Introduction:

Appendix 1A (*Voice of the Child/Young Person Form*) and Appendix 1B (*Voice of the Parents and Carers Form*) is used to contribute to Section A of an Education, Health and Care Plan (EHCP). It provides your child/young person the opportunity to tell your SEND Officer all about them.

You can find out more about this by visiting [Kent's Local Offer](#).

*“Supporting children and young people to achieve; through living healthy, safe lives in which they feel seen and included”* (Kent's Practice Framework)

## Why complete Appendix 1?

We need advice and information about your child and you as the Education, Health and Care Needs Assessment (EHCNA) process is a person-centred approach which places you and your child or young person at the centre of everything we do.

If an EHC plan is issued, the information you give us will form Section A of the EHC plan. It also provides other professionals who are involved with your child more information about what you and your child would like, to reach their best possible outcomes for their future.

## How is Appendix 1 completed?

Appendix 1 is divided into two separate forms:

- **Appendix 1A: Voice of the Child/Young Person.** This is for your child to complete. How this section is completed will depend largely on the age of your child and their special educational needs. This section should be written in the voice of your child.
- **Appendix 1B: Voice of Parents and Carers.** This is for you the parent/carer to complete. We recommend you complete Section A in a way that ensures that your child's feelings, wishes and aspirations are heard throughout this part of the EHCP.

## When do I need to complete and submit Appendix 1?

We recommend that you set aside plenty of time to complete Appendix 1 together with you and your child. It's a good idea to complete this information when/or as soon as a request for an Education, Health and Care Needs Assessment (EHCNA) has been made.

Within each section of the form, the examples given are only suggestions for you to choose from. When the form is completed, please send a copy to your SEND Officer.

### Further Support:

If you require further support in completing Appendix 1A or 1B, please contact the SENCo at your child's educational setting or Information Advice and Support Kent ([iASK](#)).

### Top Tips for completing Appendix 1B:

#### Please remember:

- When completing sections of the form to provide a positive, holistic overview of your child.
- The examples provided within each section are suggestions. If there is no information to be provided within a section of the form then please state Not Applicable (N/A).

Our <b>hopes</b> for our child / young person in the future:	What you would like your child / young person to achieve by the end of the next year, by the end of their next key stage or maybe by the time they are an adult? For example:  ➤ <i>to achieve qualifications</i> ➤ <i>to be able to live independently</i>
--	--

	<p>➤ <i>to be able to have a job etc.</i></p> <p>If your child already has an EHC plan, what you would like your child / young person to achieve by their next Annual Review, in a year's time? For example:</p> <p>➤ <i>to be able to be less anxious in school</i></p> <p>➤ <i>to be able to attend school more regularly</i></p> <p>➤ <i>to be more independent with learning</i></p> <p>➤ <i>to increase safety awareness when crossing roads</i></p> <p>➤ <i>to be able to indicate to a member of staff when help is needed, etc.</i></p>
<p>My child or young person's <b>Education, Health, and Care Needs</b> (History / Context).</p>	<p>Briefly describe and summarise your child's education, health and social care needs.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>• Are there any Educational Professionals your child/ young person is open to or supported by? (have they been taken to, or discussed at: <ul style="list-style-type: none"> <li>➤ <i>Educational meetings with your setting's SENCO</i></li> <li>➤ <i>Local Inclusion Forum Team (LIFT)</i></li> <li>➤ <i>Specialist Teaching and Learning Service (STLS)</i></li> <li>➤ <i>Education Psychologist (EP)</i></li> <li>➤ <i>Virtual School Kent (VSK) etc.</i></li> </ul> </li> <li>• Any diagnosis/es; the diagnostic pathway/s your child/young person is on? List any difficulties with: vision, hearing, or mobility.</li> <li>• Briefly explain any medical needs /prescribed medication.</li> <li>• Are there any health professionals your child/young person is open to? (<i>Speech and Language Therapists (SALT), Occupational Therapy (OT), Physiotherapy, Paediatrician, School Nurse, etc</i>)</li> <li>• Summarise any specific Social Care needs: State which service your child/ young person is open to? E.g. Children's Social Services.</li> <li>• Briefly provide any other relevant information such as moving house, sibling, family history of diagnoses etc.</li> </ul>

My child / young person's school / setting experience, overall:	Select Yes or No to describe how your child's overall experience within their educational setting.  <b>Annual Review:</b> The annual review meeting is held within a year after the EHCP of its first issue or from the date of the last review. If the first annual review has not happened yet, please select <b>N/A</b> .