



Voice of Child and Family for Education, Health and Care Plan needs assessment

Name of child/young person

*Picture/Drawing or photo (optional)*

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| Personal Details of child/young person |
| Last Name: |  | First name |  |
| Preferred Name |  | DOB |  |
| Gender: |  | Religion: |  |
| Language used at Home (Is an interpreter needed?) |  | Preferred way of communicating (e.g. signing) |  |
| Child Looked After? | Yes/No | If yes, to which Local Authority |  |
| Address |  |
| Current School or setting |  | National Curriculum Year  |  | Unique Pupil Reference (UPN): |  |
| Parent/Carer 1 |  |
| Parent/Carer contact details | Phone: | Email: |
| Address (if different from above) |  |
| Parent/Carer 2 |  |
| Parent/Carer contact details | Phone: | Email: |
| Address (if different from above) |  |
| GP Name and Contact details |  | Child/Young Person’s NHS number |  |

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| Section AThe Views, interests and aspirations of the child and their parents or of the young person |

**My aspirations for the future (what do I want to do in the future?)**

What really matters to me?

What am I good at? - My Strengths and Skills:

**How best to communicate with me:**

How best to support me:

How I like to learn:

History about my Education, Health and Care:

This information was provided by: -

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| Background information and the family’s views |
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| Our views about what is working well. What needs to stay the same and what needs to change. |
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| Our hopes for our child/young person and in the future. |
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