**APPENDIX 5a**

**Parent/Carer’s Advice**

**Review of Education, Health & Care Needs for Child/Young Person**

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| --- | --- |
| Name: | dd/mm/yyyy: |

The advice will be used to inform sections A and E of the Education, Health and Care Plan. Some sections may not need to be completed if the information is already correctly recorded in an existing EHCP. The question numbers refer directly to the boxes on the existing EHCP.

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| --- | --- |
| **1. Have your child’s aspirations changed since the last review?** (including play, health, friendships, education, housing, employment, hobbies and interests etc) | |
| No | Yes – please provide details below |
|  | |

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| --- | --- |
| **2. Has there been a change in your child’s preferred communication method since the last review?** (e.g. Makaton, PECS, written text, verbal etc) | |
| No | Yes – please provide details below |
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| --- | --- |
| **3. Have your aspirations for your child’s future changed since the last review?** (including play, health, friendships, education, housing, employment, hobbies and interests etc) | |
| No | Yes – please provide details below |
|  | |
| **4. Is there any information to update about your child’s history or the story of their family** | |
| No | Yes – please provide details below |
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| --- | --- |
| **5. Do you feel that your child’s needs have changed from the description in the EHCP?** | |
| No | Yes – please provide details below |
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| **6. What is your opinion of your child’s progress over the last 6 months/year?** (with reference to their EHCP outcomes or educational targets agreed with the provision) |
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| **7. Have there been any other factors which may have affected your child’s progress at school which you feel need to be taken into account?** (eg, moving house, bereavement, illness etc.) |
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| **8. What would you like your child to achieve in the next 6 months/year (with reference to the outcomes in Section E of the EHCP)?** |
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| **9. Are there any particular issues which you would like to discuss at the meeting?** |
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| **10. Do you feel that your child’s social care needs have changed since the last review?** | Yes | No |
| Please provide information: | | |

|  |  |  |
| --- | --- | --- |
| **11. Do you feel that your child’s health needs have changed since the last review?** | Yes | No |
| Please provide information: | | |

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| --- | --- | --- | --- |
| **Name** |  | **Date** |  |
| **Signature** |  |