

Co-produced with Worcestershire Families in Partnership

# Family Conversation Record for Statutory EHC Needs Assessment

## 1. CHILD’S / YOUNG PERSON’S DETAILS:

|  |  |
| --- | --- |
| **First name:** |  |
| **Preferred name:** |  |
| **Surname:** |  |
| **M / F:** |  |
| **Date of birth:** |  |
| **Religion:** |  |
| **First language:** |  |
| **Other languages:** |  |
| **Parent(s) / Carer(s) first language:** |  |
| **Home address:** |  |
| **Current School / Setting** | Address:Telephone: |
| **Unique Pupil Number:** |  |
| **Key Worker** | Name: Profession:Email address: Contact number: |

## 2. HEALTH DETAILS:

|  |  |
| --- | --- |
| **GP’s name:** |  |
| **GP’s address:** |  |
| **Health authority:** |  |
| **Telephone:** |  |
| **NHS number:** |  |
| **Disability / Diagnosis / Known Condition(s)** |  |
| **Diagnosed by:** |  |

## SOCIAL CARE DETAILS:

|  |  |
| --- | --- |
| **Statutory/Legal measures in place:** |  |
| **Local authority responsible:** |  |
| **LiquidLogic Number:** |  |
| **Other plans:** |  |

**Has parental consent been obtained to contact education, social care and health professionals about this request and to seek professional reports from them as part of any subsequent EHC Needs Assessment**

**YES**

**NO**

**NB we will be unable to accept a request unless this question is answered “Yes”**

## 4. FAMILY COMPOSITION:

Please provide details Child/Young Person’s family members**. *Where parents share parental responsibility but do not live together please ensure that both parents details are included:***

### Who has Parental Responsibility?

|  |  |
| --- | --- |
| Name |  |
| Relationship to child/YP  |  |
| Address |  |
| Telephone Number |  |
| e-mail address  |  |

|  |  |
| --- | --- |
| Name |  |
| Relationship to child/YP  |  |
| Address |  |
| Telephone Number |  |
| e-mail address  |  |

**All correspondence will be sent to the email address(es) above unless parents / carers indicate otherwise**

### Other family members who live with the Child or Young Person

|  |  |
| --- | --- |
| **Name** | **Relationship** |
|  |  |
|  |  |
|  |  |
|  |  |

## 5. SIGNIFICANT OTHERS:

 **Please provide details of any people significant to the family**

|  |  |
| --- | --- |
| **Name** | **Relationship** |
|  |  |
|  |  |
|  |  |

**Is any member of the immediate family serving with the Armed Forces?**

**YES**

**NO**

*(Services Children may receive additional support in school)*

## KEY CONTACTS:

**Please provide details of any agencies/services that currently have contact with the family, including the nature of involvement.**

Which outside agencies are supporting your child?

1. Specialist Teaching Services – Learning Support or Complex Communication Needs
2. Educational Psychologist / CAMHS
3. Speech and Language Therapist
4. Occupational Therapist
5. Physiotherapist
6. Social Worker, Early Help, Family Support Worker
7. Other

What help are these agencies providing for your child?

|  |  |  |  |
| --- | --- | --- | --- |
| **Service/ Agency** | **Named contact****(Address / tel. no. / email)** | **What help is provided?** | **Report attached?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## From the family's perspective:

### 7.1 Child/Young Person's Profile

|  |
| --- |
| **Child's/Young Person's family story:** |
| **Personality and strengths:** |
| **What does the Child/Young person do outside of school?** 1. Do they see friends, attend groups, clubs or activities?
2. What are their hobbies or interests? Where do they go to do these things?
3. Do they face any challenges or barriers accessing these activities?
 |
| **What is important to the Child/Young Person ? (include their hopes and wishes) for the future:** |
| **Parental hopes for student:** (e.g. education, play, health, friendships) |
| **Preparation for Adulthood**: (e.g. what are the parents and students hopes and wishes for continuing education, independent living, inclusion in their community and work?) |

### 7.2 What is going well for the Child/Young person and their family

|  |
| --- |
| **In their day to day lives, what is going well for the child and their family?** |
| **What support do they receive from family, friends, community members and other professionals?** |

### 7.3 Additional Support Needs : What does the child/young person and their family find difficult or need extra help with?

What do the child and family find difficult, challenging or stressful? What is not working well?

|  |  |
| --- | --- |
| **Education and learning - for life and work** |  |
| **Communication and interaction with others** |  |
| **Friendships, relationships and being part of the community** |  |
| **Behaviour and emotional needs** |  |
| **Is the child/young person safe at home and in the community? Do they feel safe ?**  |  |
| **Independence and personal care needs** |  |
| **Physical needs** |  |
| **Sensory needs** |  |
| **Health** |  |
| **Support for the family – what additional support would the family like ?**  |  |
| **Do the family know how to access the Local Offer and Family Information Services ? \*\*** |  |
| **Travel assistance****How will the child/ Young Person travel to and from school/college each day?** |  |

**\*\*** [**http://www.worcestershire.gov.uk/thelocaloffer**](http://www.worcestershire.gov.uk/thelocaloffer)

 [**http://www.worcestershire.gov.uk/familyinformationservice**](http://www.worcestershire.gov.uk/familyinformationservice)

1. Recommendations for additional actions, assessments or advice:

|  |  |  |  |
| --- | --- | --- | --- |
| **What does the student need help with ?**  | **How will this be achieved?** | **Who will carry out this action?** | **When?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SIGNATURES:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child/Young Person:** |  | **Date:** |  |
| **Parent/Carer: \*\*** |  | **Date:** |  |
| **Key Worker:** |  | **Date:** |  |

\*\* in signing this form you are providing consent for WCF to **contact education, social care and health professionals involved with your child/young person regarding this request and to seek professional reports from them as part of any subsequent EHC Needs Assessment**

The information contained within this record has been compiled from a variety of sources for the purposes of creating an initial overview of your child’s/young person’s needs. While all efforts have been made to ensure the accuracy of this information, no reliance should be placed upon it for the purposes of specific delivery or resource allocation, as this will be agreed at the creation of the EHC Plan.