|  |
| --- |
| **Parent/Carer’s Views to inform EHC Review** |
| **Learner Name:**  |  |
| **Date of Birth:** |  |
| **Name of Parent/Carer:**  |  |
| **Return Date:** | Please complete this form and return it to the EHC Review Meeting organiser no later than 2 weeks before the EHC Review Meeting so that this can be circulated with all other reports as set out in the SEND Code of Practice.  |
| Parents and Carers can access support to complete this form from the following places: * Your Child’s School
* SENDIASS

**Website:** [www.kids.org.uk/Hull-sendiass](http://www.kids.org.uk/Hull-sendiass) **Email:** enquiries.yorkshire@kids.org.uk **Phone:** 01482 467 541* Through conversation with your SEND Case Worker

**Name:** **Email:** SEND@Hullcc.gov.uk **Telephone Number:** 01482 616 007 |
| **Are the Parent/Carer Views in the EHC Plan still accurate?** Yes [ ]  No [ ]  If No, please update them on a copy of the EHCP.  |
| **Do you think the current content in the EHCP accurately reflects the learners needs?**[ ] Yes [ ] No |
| If No, what do you think needs to be added or changed? |
|  |
| **Thinking about the last year…**  |
| **Area of Interest** | **What has gone well?**  | **What has not gone well?** | **What could be improved?** |
| Education and/or Employment |  |  |  |
| Health/Sensory  |  |  |  |
| Home/Care – Independent Living Skills |  |  |  |
| Friendships, Relationships and Behaviour |  |  |  |
| **What we/I believe is important for the learner in the next year** |
| What I/we would like them to achieve… | What are the next steps… |
|  |  |
| **Is there anything else you would like to tell us?**  |
|  |
| **Date completed:**  |  |