|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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](mailto:enquiries.yorkshire@kids.org.uk)  **Phone:** 01482 467 541   * Through conversation with your SEND Case Worker   **Name:**  **Email:** [SEND@Hullcc.gov.uk](mailto: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:** | | | |  | |