[](https://pbs.twimg.com/profile_images/827171968759824385/9D2gcB7H_400x400.jpg)**Hull Clinical Commissioning Group**

|  |  |
| --- | --- |
| **Learner Advice to Inform EHC Needs Assessment** | |
| **Learner’s Name:** |  |
| **Date of Birth:** |  |
| **Date of Completion:** |  |

The learner can access support to complete this form from the following places:

* Staff at School/college who you trust
* Your Parents or Carer
* SENDIASS – For Young People Age 16-25

**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

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| --- | --- | --- | --- | --- | --- |
| **All About Me…** | | | | | |
| My All about me was written by:  Me  Me with help from….. (Mum/Dad/Carer/Social worker/school teacher etc) | | | | | |
| Picture here (Learners Choice) | | | | | What I would like to get better at in the next few years: |
|  |
| How I’d like my future to look when I am older… |
|  |
| **The Good Things (in and out of school)….** | | | | | |
| What I am good at:  What I enjoy:  What interests me:  What others like about me: | | | | | |
| **Things I want you to know about me…** | | | | | |
| What I find difficult:  How others will know when I need help:  The places I feel most or the least safe: | | | | | |
| **Things others can do to help me….** | | | | | |
| How others can help me learn:  I wish people wouldn’t:  What helps me to feel calm and safe:  How to help me when I’m having a bad day:  How and where to speak to me:  Who are the people who know me best (in and out of school): | | | | | |
|  | | | | | |
| **Young Persons Consent (Must be obtained for Young People 16 and above)** | | | | | |
| I agree that information about myself can be accessed on a ‘needs to know’ basis by education, health and social care as appropriate and can be shared with future providers to help them plan provision and appropriate support. I also agree that the LA SEND Team can seek information and advice from other services as appropriate. | | | | | |
| Signature of young person: | | | |  | |
| Name of young person: | | |  | | |
| Contact tel. no: | |  | | | |
| Contact email: | |  | | | |
| Date: |  | | | | |

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| --- |
| **Please return this form, together with any additional reports that you wish to be included in the Education, Health and Care needs assessment to:**  **By post:** SEND Assessment & Review Team, Hull City Council, Brunswick House, Strand Close, Beverley Road, Hull, HU2 9DB  **By e-mail:** In Microsoft Word format to: [SEND@hullcc.gov.uk](mailto:SEND@hullcc.gov.uk)  **By secure e-mail:** Please contact the SEND Assessment and Review Team (01482) 616007 |