**Education, Health and Care (EHC) needs assessment advice**

**Occupational Therapy Advice or Physiotherapy Advice (please indicate below)**

This information is sought in accordance with the Children and Families Act 2014. The Local Authority is seeking advice as part of an Education, Health and Care needs assessment.

Type of advice (please tick): Occupational Therapy (OT) advice [ ]  Physiotherapy (PT) advice [ ]  Joint (OT and PT) advice [ ]

Date of report: 17/07/2018

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| **Section A: Child / young person’s details:**  |
| Name: |  | LAC  | Yes/No |
| Date of birth: |  | Age: |  |
| NHS number: |  | GP: |  |
| Gender: |  | Education placement (if known) : |  |
| Diagnosis if known |  | Child’s first languageIs an interpreter needed? |  Y/N |
| **Section A: Parent / carer information:**  |
| Name of parent/s or person/s with parental responsibility: |  |
| Relationship to child / young person: |  |
| Language spoken at home | Interpreter needed? Y/N |
| **Section A: Advice giver’s details:**  |
| Clinician/s name/s:  |  |
| Clinician’s designation: |  |
| Service contact details:: |  |
| Telephone number: |  |

*The recommendations are based on the child/young person’s learning needs as at the date of this report. They may be amended as considered appropriate by the clinicians working with the child and are subject to at least annual review. Unless otherwise stated, the provision set out in this report is intended to be applied over that timescale.*

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| **Section A: Outline of clinician’s involvement relating to the writing of this advice and date last seen, relevant background information and overview of condition** |
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| **Section A: Other significant factors, which may impact on the child:**  |
| Relevant family history or illness, siblings, transport, environment |

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| **Section A: Safeguarding and Risk Factors to consider, where applicable:** |
| Known to safeguarding service? |  Y/N |
| Name of social worker/safeguarding practitioner if applicable |  |

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| **Section A: Views, interests, aspirations and current priorities expressed to the occupational therapist or physiotherapist** |
| Child / young person:Expressed by cyp/ parents ( delete as appropriate) |  |
| Parents / carer: |  |

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| **Section B: Summary of presenting needs** |
| *This should be specific to the performance of the child within the setting/assessments as indicated in Section A* *Professionals should limit their advice to areas in which they have expertise. It may not be necessary to complete all areas, limit your advice to the areas which relate to your involvement. If information is available in other documents you have relating to the EHC needs assessment there is no need to rewrite it.* |
| **Communication and interaction**  |
| *Any comments relating to communication, attention and listening following directions/ instructions for an activity* | *Strengths:* |  |
| *Needs and implications:* |  |
| **On the Move** |
| Moving around schooli.e walking, stairs, avoiding obstacles, finding the way, lining up | Strengths: |  |
| Needs and implications: |  |
| Moving around the classroomi.e sit to stand, obstacles, getting in and out off equipment, getting up from the floor | Strengths: |  |
| Needs and implications: |  |
| Moving around homei.e stairs, in/out of bed | Strengths: |  |
| Needs and implications: |  |
| Lunch and break timesi.e playground, lunch tray, attending clubs, seating, interaction with peers | Strengths: |  |
| Needs and implications: |  |
| PE lessons/ playing sporti.e motor planning, balance, ball skills | Strengths: |  |
| Needs and implications: |  |
| Trips/off site visitsi.e accessing buses, trains, cars, access, supervision, walking/ cycling in the community | Strengths: |  |
| Needs and implications: |  |
| **Personal Independence** |
| Managing toiletingi.e wash hands, transitions, personal care, managing menstruationorganising self: Arriving at school and carrying out morning school routineLeaving school and getting home/ going to shops/banks/ /post office/ appointmentsPlanning home-work/ completing homework tasksDoing a job/ volunteering washing and brushing teeth? | Strengths: |  |
| Needs and implications: |  |
| Managing clothingi.e changing for PE, shoes/socks, coats, toiletting | Strengths: |  |
| Needs and implications: |  |
| Eating and drinkingi.e breakfast club, snacks, school dinners, drinks, tray | Strengths: |  |
| Needs and implications: |  |
| Recording of worki.e pencil skills, tools and equipment, IT, maths projects/ craft projects | Strengths: |  |
| Needs and implications: |  |
| Table top activitiesi.e accessing play, scissor skillscraft, packing up / tidying a desk | Strengths: |  |
| Needs and implications: |  |
| Hobbies and interests playing games and socialisingSchool activities such as assembly, school concerts, clubs trips | Strengths: |  |
| Needs and implications: |  |
| SleepWaking up, getting out of bed/ going to bed and sleeping | Strengths: |  |
| Needs and implications: |  |
| Sensory impairment |  |  |
| *Recommendations\*/ strategies to support function* |   |
| **Social, emotional and mental health (SEMH)** |
| Any comments on social interactions, emotional and mental health | Strengths: |  |
| Needs and implications: |  |

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| **Recommended future outcomes and provision: Please indicate below the recommendations for future health outcomes and provision** |
| **Outcomes: what this means for the child/young person** | **Steps towards outcomes** | **How? (e.g. universal, targeted/group, individual)** **How often? By whom?** **Link to identified needs and recommendations in section B** | **Required resources**  |
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| **Clinician’s Signature:**  |
| Clinician’s name: |  |
| Clinician’s signature: |  |
| Date of report: |  |
| Counter signatory ( if applicable) |  |

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| **CC:**  |
| Parents/carersStatutory Assessment Service Area Office  |