





EHC2 Form

For use by parents/carers for an Education, Health & Care (EHC) Assessment for a child/young person under section 36 of the Children and Families Act 2014, or a Review of an EHC Plan under the SEND Regulations 2014.

| Your child's name: | | Synergy ref: (or DOB if not known) | | | | |
|--|--|---------------------------------------|-------------|------|--|--|
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| Parent/carer details | | | | | | |
| Your name: | | | | | | |
| Your relationship to the child: | | | | | | |
| Nature of this form: | | | | | | |
| Are you requesting a new EHC Assessment?* | | | ✓ Yes | □ No | | |
| | *If yes, please make sure you also submit an EHC4 form , with your personal details. We cannot begin processing any assessment without a completed EHC4 form. | | | | | |
| Are you contributing to an EHC Assessment that has already started? ☐ Yes ✓ No | | | ☑ No | | | |
| Are you contributing to a Review of an EHC Plan? ☐ Yes ☐ No | | | ☑ No | | | |
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| By signing this form you are declaring that everything contained herein is accurate to the best of your knowledge, and that you understand that this form will be shared directly with anyone involved in the EHC Assessment and/or EHC Plan. This may necessarily include any other persons with parental responsibility for the child. If you do not wish for this information to be shared, or to discuss this in more detail, please contact us via SENSAP@leeds.gov.uk . | | | | | | |
| Się | gned: | Date: | | | | |

Please submit this form by email to SENSAP@leeds.gov.uk. If you are not able to use email, please contact us via the details at the top of this form to discuss alternative options.

Part 1: Tell us about your child

We would like to hear any comments you may wish to make regarding your child, their special educational, health and care needs, and the support that helps them to make progress. We would like to hear any details about the child's aspirations and goals for the future, including the outcomes you would like to see achieved. We'd like to hear all about their play, health, schooling, independence, friendships, further education and future plans (including employment, independent living and community participation where appropriate). You should also include information about how to communicate with the child and engage them in decision-making. It may also be appropriate to outline the child's history. You may choose to use the prompts provided below, or if you would rather use your own structure, that is fine.

If you have any other documents or reports that you think might be relevant, you can attach them to this report.

Consider:

- 1. What is working well for your child?
- 2. What could be better for your child?
- 3. What outcomes would you like them to achieve?
- 4. What do you want us to know about your child's education?
- 5. What do you want us to know about your child's health and wellbeing?

6. What do you want us to know about your child's needs at home and in the community? If you have a particular school/setting preference in mind you can mention it here too if you would

Part 2: Your child's views, wishes and aspirations

| Please describe the child's own views on their aspirations and goals for the future, and their education, health and car needs/provision. You may wish to include photos of them enjoying their favourite activities, or doing the things they love the most. Your child may wish to write something themselves, draw a picture, make a collage, make a Powerpoir presentation, or something else to show us their views. If so, just send it in with this form. | |
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Part 3: Further information and advice

Please let us know if there are any individuals, professionals or agencies that you would like us to ask for further information and advice about your child should we decide to proceed with an assessment. This could be a relative or family friend, a third sector or voluntary organisation (such as a sports club, an activity group or a charity), or an agency / therapist who is currently working with the child.

| Name: | Name: |
|------------------|------------------|
| Role: | Role: |
| Contact details: | Contact details: |
| Name: | Name: |
| Role: | Role: |
| Contact details: | Contact details: |
| Name: | Name: |
| Role: | Role: |
| Contact details: | Contact details: |

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