

## APPENDIX E: SOCIAL CARE NEEDS ADVICE

This form should be completed as part of the Education, Health, Care Assessment. If it is decided that the child requires an Education, Health, Care Plan (EHCP), the information that you have provided within this form will be attached as an appendix and made available to the child and his/her family and other contributing professionals. For advice and guidance on completing this form please see Social Care EHCP Guidance document.

SECTION 1: Child/Young Person Details			
Forename(s):		Surname:	
Likes to be called:		Date of Birth:	
Home Address (including Postcode):			
Contact Number(s):			
Home Language:		Is an Interpreter required?	Yes/No
Ethnicity:		Religion:	
Current Legal Status:			

SECTION 2: Parent (s)/Carer (s) Details		
	Parent / Carer 1	Parent / Carer 2
Forename(s):		
Surname:		
Relationship to Child/Young Person		
Parental Responsibility:	Yes/No	Yes/No
Contact Numbers:		
Email Address:		

**Section 3: What is important to the Child/Young Person?** (What matters to them? What makes them happy? What are their aspirations?)

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**Section 4: What are the Child/Young Persons strengths?**

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**Section 5: Social Care needs (Section D of the EHC Plan)**

This section should describe the child's social care needs which may impact on their educational needs and any social care support they are receiving. Please include any relevant history/background information.

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**Section 6: Outcomes sought for the child or young person (Section E of the EHC Plan)**

Outcomes should be SMART, linked to the child's aspirations and joined up across health, education and social care.


For information only  
Complete on LCS

**Section 7: Does this child have a disability requiring provision recommended to meet their needs under Section 2 of the Chronically Sick and Disabled Persons Act 1970 (Section H1)?**

**Who will provide this and how often?**

**Section 8: Does this child require any other Social Care provision reasonably required by the Child/Young Person's SEND (Section H2)?**

**Who will provide this and how often?**

**Section 9: Information and Advice provided by:**

Name	
Job Title	
Organisation	
Signed off by	
Job title	
Date returned via SEND Portal	

**Consent:**

Does the Child/Young Person agree to the sharing of this information to inform the EHC Assessment?<sup>1</sup>

Name and Date consent given.

Do the Parents/Carer's agree to the sharing of this information to inform the EHC Assessment?

Name and Date consent given.

<sup>1</sup> This permission relates only to Part 4 of the Appendix E and is only applicable where the parent retains parental responsibility

## EHCP Section H1 and H2 Decision Making Tool - Should support be provided under chronically sick and disabled persons act or S17 Children's Act 1989?

