**‘Tell Your Story Once’ For Education, Health and Care Plan Needs Assessment**

In line with the spirit of the Children and Families Act 2014 legislation, this form has been created to help families and schools ‘tell their story once’. In order to support all professionals who are asked to complete advice for your child’s EHC Needs Assessment, please complete this form with as much detail as possible. This will enable professionals to take into account your story and experience along with their individual considerations, so they can make the best possible assessment of your child’s needs. Your story can also then be taken into account at the Outcomes Meeting following assessment. GDPR: Where will this information be stored? This form will be either: a) included as an appendix to your child’s EHC Plan or b) stored in your child’s secure file on the council system if your child does not get an EHC Plan

**Please fill this document out alongside the guidance provided.**

**Background Questionnaire for EHC Needs Assessment**

**Chronology of important/significant events in your child’s life**

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| --- | --- |
| **Date** | **Event** |
| September 2015 | Started at Tots Nursery |
| November 2015 | Bill’s mum (Miss Smith) took him to SaLT drop-in centre where he was given sessions |
| September 2017 | Bill started at Apples Primary School |
| 2017 | Educational psychologist assessment |
| November 2017 | Miss Smith went to the GP with her concerns and was referred to Paediatrician |
| January 2018 | Bill was seen by a paediatrician who started ASD assessment January |
| January 2018 | Bill was assessed by a clinical psychologist |
| February 2018 | Bill was diagnosed with ASD |
| 2018 | Miss Smith separated from Bill’s dad (Mr Robinson) |

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| **Family details** |

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| **Health** |

**Child’s education history**

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| **School or setting name** | **Date (From/To)** | **Additional support?** |
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**Previous professional involvement**

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**Any other relevant information – please state below**

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**Signed by parent/carer: Date:**

**Name of person completing form: Date:**

**Name of editor: Date:**