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| **Child / Young Person’s Details** |
| Forename/s |  | Surname |  |
| Preferred name  |  | DOB |  |
| Gender |  | Preferred Language |  |
| Ethnicity |  | Religion |  |
| Home Address |  | Current School / Setting |  |

# **My Views - Key Stage 3,4 & 5+**

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| **Young Person’s Details** |
| Forename/s |  | Surname |  |
| Preferred name  |  | DOB |  |
| Gender |  | Preferred Language |  |
| Ethnicity |  | Religion |  |
| Home Address |  | Current Educational Setting |  |

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| **Details of anyone supporting you** |
| **Name** |  |
| Relationship to you |  | Home Address |  |
| Telephone |  | Email |  |
| Do you give this person consent to speak to SENAR about you  | YES | NO |
|  |  |
| **Name** |  |
| Relationship to you |  | Home Address |  |
| Telephone |  | Email |  |
| Do you give this person consent to speak to SENAR about you | YES | NO |
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| **Child in Care (if applicable)** |
| Are you a looked after child / a child in care? | YES | NO | If NO, please proceed to the next questionIf YES, please complete the questions below  |
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| To which Local Authority |  |
| Social Worker name |  |
| Social Worker contact telephone number |  |
| Social Worker email address |  |

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| **Your Story** ***Please outline relevant background information***  |
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| **All About You** |
| Who do you live with? |  |
| Who else do you have a close relationship with e.g. wider family, friends?  |  |
| What things do you like and what do you enjoy doing? |  |

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| **Your Strengths & Needs** |
| What are you good at? |  |
| What do you find difficult?  |  |
| Do you need any support to communicate with others? |  |
| Do you have any health needs / diagnoses? Do these impact on your education? |  |
| Do your difficulties impact you at home?  |  |

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| **Your Education** |
| What support do you receive in school or college? |  |
| What things work well? |  |
| What things haven’t worked well? |  |
| What support do you feel you need? |  |
| How do you need to be supported at school or college to be heard, understood, and stay safe and well? |  |

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| **Aspirations** |
| What do you want to do or be in the future? |  |
| What is important to you now and in the future? |  |
| What would you like to achieve by the end of your education? This may include what you’d like to do or be in the future including learning and employment, independent living, friendships and community, and keeping safe and healthy |  |

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| **Is there any else you wish to tell us?** |
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| **What professionals are involved in supporting you?** |
| **Name** | **Role** | **Service** | **Date Last Seen** | **Contact Details**  |
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| **CONSENT** |
| By signing this form you agree that Birmingham City Council (BCC) can assess your needs and confirm that you understand that the confidential information about you that is required for, or generated by, this Education, Health and Care Plan (EHCP) assessment will be shared, in accordance with BCC’s Information Sharing Protocols, with professionals or organisations that:* Are already involved with your child or young person;
* You have asked to become involved with their case; or
* BCC considers necessary, in order:
* to assess your child or young person’s educational, health or care needs; and
* to prepare any relevant documents, including an EHCP, if required.

BCC will endeavour to inform you if another professional or organisation, not already involved, is asked to meet with or work directly with your child for the purposes of an EHCP assessment and the paper and electronic records used during, or created for, this assessment will be kept safe and destroyed in accordance with BCC’s policies. Please note that you are entitled to request a copy of the information that BCC holds about you for more information, contact BCC’s Information Governance Team at;  Performance and Information (WS)  PO Box 16366,Birmingham,B2 2YY            Tel: 0121 303 4876      or           email: foi\_mailbox@birmingham.gov.ukBy signing this form I give explicit consent for Birmingham City Council (BCC) to communicate with me regarding all aspect of this assessment by secure email |
| **Completed by**  |
| Signed: |  |
| Date: |  |
| Has someone has helped you complete this form? | YES | NO | If yes, please record their name below and add their details in the *“Details of anyone supporting you”* box on page 1.  |
|  |  |
| Full Name (please print): |  |
| Relationship to you: | Parent/Foster Carer/Social Worker/Other (please state): |
| Please complete this form and return **within 6 weeks** via email to SENAR@birmingham.gov.uk or via post to SEN Assessment & Review, PO Box 16289, Birmingham B2 2XN*The data and contact details you can provide in this document may be used by Birmingham Local Authority representatives to contact you (and anyone who you have consented to us speaking to) in relation to any and all aspects of the Education, Health and Care needs assessment process.* |