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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 |  |

# **Parent/Carer Comment Form – Contents of Draft EHC Plan**

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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 |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Parent / Carer Details** | | | | | | | |
| **Name** |  | | | | | | |
| Relationship to Child |  | | | Has parental responsibility? | |  | |
| Home Address |  | | | Telephone | |  | |
| Email |  | | | Preferred Language | |  | |
| **Name** |  | | | | | | |
| Relationship to Child |  | | | Has parental responsibility? | |  | |
| Home Address |  | | | Telephone | |  | |
| Email |  | | | Preferred Language | |  | |
| **Child in Care (if applicable)** | | | | | | |
| Is your child in a looked after child / a child in care? | | YES | NO | | If NO, please proceed to the next question  If YES, please complete the questions below | |
|  |  | |
| To which Local Authority | |  | | | | |
| Social Worker name | |  | | | | |
| Social Worker contact telephone number | |  | | | | |
| Social Worker email address | |  | | | | |

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| **Contents of EHCP Plan** | | | |
| **Please provide your views on the contents of the Draft EHC Plan** | | | |
| I agree with the contents of the draft EHC Plan | YES | NO | If NO, please outline your comments below  If YES, please proceed to the next question |
|  |  |
| Please outline any amendments you are requesting to your child’s EHC Plan or any comments you wish to make *(if requesting amendments please clearly identify the section and page number, e.g. Section A, page 5)* | | | |
| Section A |  | | |
| Section B |  | | |
| Section C |  | | |
| Section D |  | | |
| Section E |  | | |
| Section F |  | | |
| Section G |  | | |
| Section H1 & H2 |  | | |
| I would like a meeting with SENAR to discuss the contents of the EHC Plan | YES | NO | If YES, please outline your availability to meet within the next two weeks: |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personal Budget** | | | | |
| **A Personal Budget is an amount of money identified by the Local Authority to deliver provision set out in an EHC Plan where you are involved in securing that provision. You can request a personal budget when you receive your child’s first Draft EHC Plan following the EHC needs assessment or through your child’s annual review.** | | | | |
| I would like to request a personal budget | YES | NO | If YES, please outline the provision you are seeking a personal budget for below | |
|  |  |
| Provision in Section F  *Please identify the specific provision in Section F you wish to secure through a personal budget* | To support which Outcomes in Section E  *Please identify the specific outcomes this provision will support your child to achieve* | | | Costs sought  *Please provide a breakdown of costs and any supporting evidence/quotes* |
|  |  | | |  |
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| **Setting preference** | |
| **Please state the name of the setting you wish to be named in Section I of your child’s EHC Plan** | |
| Setting name |  |
| Reasons for your preference |  |

|  |  |
| --- | --- |
| **Completed by** | |
| Signed: |  |
| Full Name (please print): |  |
| Date: |  |
| Relationship to child: | Parent/Foster Carer/Social Worker/Other (please state): |
| Please complete this form and return **within 15 days** via email to [SENAR@Birmingham.gov.uk](mailto: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 above may be used by Birmingham Local Authority representatives to contact you in relation to any / all aspects of the Education, Health and Care Plan for the pupil named on page 1.* | |