

K5 – Health Advice (OT/Physio)

Request for Information for Education Health and Care Plan

(To be typed and completed by each professional submitting assessment and other information for the EHC Plan)

Please note, all information contained within this K5 will be circulated to people who have contributed to the child or young person’s education, health and care needs assessment – the information should relate to the individual child or young person only and the names of other family members/persons need to be anonymised

NHS Number:			
Name of Child:		DOB:	
Name of Child’s GP and Surgery Address:			
Name of professional:		Tel:	
Role of Professional:			
Address of Professional:			
Email for Professional:			

BACKGROUND HISTORY

Length of involvement, reasons for involvement etc.

ASSESSMENT INFORMATION

Date of Assessment	Assessment Name	Focus/What it Measures	Findings/Results

WHAT DO YOU LIKE/ADMIRE ABOUT THE CHILD/YOUNG PERSON

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ANY KNOWN VIEWS OF THE CHILD/YOUNG PERSON

What is important to them now/in the future (short/long term aspirations), how best to support and communicate with them, interests, achievements and strengths

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STRENGTHS

Please give a description of the child/young person's strengths

Cognition & Learning	
Social, Emotional & Mental Health	
Sensory/Physical	
Communication & Interaction	
Independence & Self Help	

SPECIAL EDUCATIONAL NEEDS

Please give a description of the child/young person's special educational needs

Cognition & Learning

Social, Emotional & Mental Health

Sensory/Physical

Communication & Interaction

Independence & Self Help

CURRENT SUPPORT AND PROVISION

Please detail here what support and provision the child/young person has received from your service so far, what impact has this support/provision had and what progress has been made?

THE OUTCOMES FOR THE CHILD/YOUNG PERSON

Please detail below what outcomes you believe the child/young person should be working towards. These should be SMART (specific, measurable, achievable, realistic and timed). They can vary in timescale from short, medium through to long-term (this section should not include Provision i.e. what the child/young person needs to achieve their outcomes).

Cognition & Learning

Social, Emotional & Mental Health

Sensory/Physical

Communication & Interaction

Independence & Self Help

HEALTH PROVISION

Please detail any health provision reasonably required. All support and provision should be specific and quantifiable. Provision should be described so as to leave no doubt about what should be provided, by whom and how it will be delivered. It should specify facilities and equipment, staffing arrangements and curriculum and modifications to or exclusions from the National Curriculum.

The provision to achieve the specified outcomes

Who is going to provide the support e.g.

NAME & DOB (K5 Advice, Version 2, 01/03/2016, HLC)

	name/service/role

Signed:

Date:

Print name:

Copies to: Local Authority, Parent/s, School