

K5 – Medical Advice (Paeds)

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 professional:		Tel:	
Role of Professional:			
Address of Professional:			
Email for Professional:			

RELEVANT MEDICAL HISTORY

Length of involvement, reasons for involvement etc.

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DESCRIPTION OF CURRENT PHYSICAL STATE AND FUNCTIONING

Growth (height/weight including centiles)	
Vision	
Hearing	

DESCRIPTION OF CURRENT PHYSICAL STATE AND FUNCTIONING	
Physical	
Mobility & Posture	
Co-ordination	
Hand Functioning	
Self-Help Skills	
Speech & Communication	
Social skills & Behaviour	
Mental Health Difficulties	
Health Diagnosis / Diagnoses	

OUTLINE ANY PARTICULAR MEDICAL CONDITION THE CHILD MAY HAVE AND THE IMPLICATIONS FOR THEIR LEARNING NEEDS

SPECIAL EDUCATIONAL PROVISION ARISING FROM THE CHILD'S MEDICAL CONDITION E.G. SPECIAL AIDS, EQUIPMENT, ALTERATIONS TO THE PHYSICAL ENVIRONMENT

IDENTIFY ANY FACILITIES AND SERVICES WHICH MAY ARISE FROM THE CHILD'S MEDICAL CONDITION E.G. SPEECH & LANGUAGE THERAPY, PHYSIOTHERAPY, TRAINING & GUIDANCE FOR SCHOOL STAFF

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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/service/role

Signed:

Date:

Print name:

Copies to: Local Authority, Parent/s, School