**Amendment of an Education, Health and Care (EHC) Plan**

This is a Child or young person and family contribution. It should be submitted with the annual review documents from a school.

This document should be completed by the young person and parent / carer together if appropriate **AND** in partnership with the key worker if parents request it.

**Our Hopes and Aspirations**

This is a picture of me (Optional)

This can be hand drawn or a photograph sent to us.

We will include this on the front of your plan

My name is:

I like to be known as:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| We filled this in on: | Day |  | Month |  | Year |  |

Information about me and my family

|  |  |  |  |
| --- | --- | --- | --- |
| Full name |  | Date of birth |  |
| Family Contact address |  | Parent/carers names |  |
| Gender |  | Please list anyone else with parental responsibility and the relationship to the young person (eg step-dad) |  |
| Landline Telephone |  |
| Mobile Telephone |  |
| Email |  | Brothers and Sisters |  |
| NHS number |  |
| School Name (or other Educational Setting) |  | Do you need an interpreter or other communication aid? If so, what? |  |
| Language used at home |  | Main communication method |  |
| Religion |  | Ethnicity: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| What is important to me: | | What people like and admire about me: | |
| What makes me happy | https://pixabay.com/static/uploads/photo/2013/07/12/12/58/man-146638_640.png | | How I communicate |
| What I worry about | | How you can best help me | |

**The important people in my life**

(Please give their name, why they were chosen and include photographs if you wish – these might be people in your family, professionals involved or people who have supported you)

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| --- | --- |
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|  |  |

**Our hopes and aspirations**

**Tell us what you hope will happen as a result of this assessment**.

Our short term aspirations

|  |  |
| --- | --- |
| What I hope for in the next school term or so | What my parents / carers hope for in the next term or so |
|  |  |

Our medium term aspirations/outcomes

|  |  |
| --- | --- |
| What I hope for in the next year. | What my parents / carers hope for in the next years. |
|  |  |

Our long term aspirations/outcomes

|  |  |
| --- | --- |
| What I hope for in the future when I am an adult. | What my parents / carers hope for in the future when I am an adult. |
|  |  |

|  |
| --- |
| Where my family and I want me to go to learn? (Early years setting, school, college, apprenticeship or training) |
|  |
| How my family and I want me to get to and from my Early years setting, school, college, apprenticeship or training. |
|  |
| Do my family and I want a personal budget? (Information about this can be found on www.tameside.gov.uk/localoffer) |
|  |
| Any other information that my family and I want to share |
|  |

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| --- |
| WHAT TIMES ARE BEST TO CONTACT YOU?  Make a list of the times that are best for you and your family to be contacted, attend appointments or meet professionals. |
|  |

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| --- |
| WHO CAN WE SHARE YOUR INFORMATION WITH?  Make a list below. Include professionals, family members and anyone else that you are happy about. |
|  |

**Signed**

|  |  |
| --- | --- |
| Child/young person if appropriate | Parent/carer if young person is under 18 years of age |
| Date | Date |

|  |
| --- |
| If you and/or your family need help completing this document please contact your Special Educational Needs Co-ordinator (SENCo) or contact Tameside Special Educational Needs and Disability Information, Advice and Support Service (formerly known as Tameside Parent Partnership Service) on 0161 342 3383. |
|  |
| If this form is completed as part of a re-assessment, a transfer from a Statement of Special Educational Needs to an Education Health Care Plan you and/or your family can contact the Independent Support Service, Together Trust on 07557 801954. |