**Education, Health and Care (EHC) Plan**

**Occupational Therapy Information Request**

This information is sought in accordance with the Children and Families Act 2014. The Local Authority is seeking advice as part of an Education, Health and Care assessment.

TYPE OF ADVICE (please tick): EHC Advice ☐ EHCP Review ☐ Date of report:

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| **Section A: Child / young person’s details** | | | |
| Name: |  | | |
| Date of birth: |  | Age: |  |
| NHS number: |  | Year group: |  |
| Gender: |  | Education placement: |  |

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| **Section A: Parent / carer information** | |
| Name of parent/s or person/s with parental responsibility: |  |
| Relationship to child / young person: |  |

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| **Section A: Advice giver’s detail** | |
| Therapist’s Name: |  |
| Therapist’s Title: |  |
| Qualifications: |  |
| HCPC registration number: |  |
| BAOT membership number: |  |
| Service’s name and address: |  |
| Telephone number: |  |

*The recommendations are based on the child / young person’s learning needs as at the date of this report. They may be amended as considered appropriate by the therapist working with the child and are subject to at least an annual review. Unless otherwise stated, the provision set out in this report is intended to be applied over that timescale.*

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| **Section A: Outline of occupational therapy involvement including assessments used (incl. observations), dates and settings (education / home / clinic / community)** |
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| **Section A: Relevant background information relating to occupational engagement, performance and participation at school, home and in the community** |
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| **Section A: Other significant factors, where applicable** |
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| **Section A: Views, interests, aspirations and current priorities** | |
| Child / young person: |  |
| Parent(s) / carer(s): |  |
| Education setting: |  |

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| **Sections B (educational need), C (health need), D (social care need)**  **Summary of presenting occupational needs (add or delete as needed)** | | |
| ***Education setting*** | | ***Section B,C,D*** |
| In the classroom |  |  |
| In the playground / break time |  |  |
| Arriving & leaving school |  |  |
| Self-care including toileting activities |  |  |
| Moving around the educational setting |  |  |
| Mealtime or snack time |  |  |
| Other school / college participation |  |  |
| ***At home*** | | ***Section B,C,D*** |
| Personal activities of daily living |  |  |
| Doing homework |  |  |
| Household chores |  |  |
| Play & leisure |  |  |
| Other home participation |  |  |
| ***In the community*** | | ***Section B,C,D*** |
| Moving around the community |  |  |
| Play & leisure |  |  |
| Work, appointments & errands |  |  |
| Other community participation |  |  |

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| **Current occupational therapy provision** | | | | | | |
| **Intended outcomes: what this means for the child / young person** | **Level of achievement**  **(achieved, partially, not achieved)** | **Actions** | **Current resources (specify education, health or social care)** | **Start date** | **Frequency of review** | **Part of the local offer? (Yes / No)** |
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| **Sections E (outcomes), F (educational provision required), G (health provision required), H (social care provision required)** | | | |
| **Outcomes: what this means for the child / young person** | **Steps towards outcomes** | **Indicative actions: What will be done and who will do it?** | **Resources (including frequency)** |
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| **Therapist’s Signature** | |
| Therapist’s name: |  |
| Therapist’s signature: |  |
| Date of report: |  |

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| **Circulation list for the report** |
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