**THERAPY ADVICE FORM**

**Education, Health and Care (EHC) Needs Assessment**

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| **Service/team contributing to this report** |
| Speech and Language Therapy |[ ]
| Occupational Therapy |[ ]
| Physiotherapy |[ ]

**Guidance for completing advice can be found on the** [**Local Offer**](https://infolink.suffolk.gov.uk/kb5/suffolk/infolink/advice.page?id=XbfxSF63VsA)

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| **SECTION 1: PERSONAL INFORMATION** |

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| **DETAILS OF THE CHILD / YOUNG PERSON** |
| First name |  | Surname |  |
| Date of birth |  | Gender |  |
| Home Address |  |
| NHS number |  |  GP Name |  |
| Continuing Care / Continuing Healthcare? |[ ]

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| **SECTION 2: BACKGROUND** |

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| **THERAPY BACKGROUND**Including:* A brief summary of your involvement, including dates, reason for referral, ongoing assessments and/or outcomes of any assessment.
* Information about any known diagnoses.
* Information about previous or current support from therapy services and the difference this support has made.
* Links with independent Therapists.

*e.g. X has been known to the …. service since…. and to the current therapist since…**Therapy provision has included…….**X was last seen on…**Indicate here if discharge from service pending.*(Please also attach any reports or letters if not already shared with Family Services) |
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| **OTHER INVOLVED PRACTITIONERS** (if known) |
| **Name**  | **Role, team & organisation / service**  |
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| **SECTION 3: VIEWS OF THE CHILD AND THEIR PARENTS/CARERS** |

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| I have had access to copies of the completed family advice form and/or child views / young person advice form.I have had access to the child/young person’s One Page Profile.I have involved the child/young person and their parents/carers and have taken their views and best hopes into account in the production of this report. *Please share any views and hopes below, e.g., about their current and future schooling/education, play, friendships / relationships, health, independence. You can also share your attempts to engage and agree this report with the family.* | Yes / NoYes / NoYes / No |
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| **Preparing for Adulthood**If the young person is in Year 9 (age 13/14) or above, please provide information about what has been implemented to transition them to adult services and prepare them for managing their health in adult life. |
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| **SECTION 4: STRENGTHS AND SPECIAL EDUCATIONAL NEEDS,** **DESIRED OUTCOMES AND RECOMMENDED PROVISION**  |

**Therapists should limit their advice to the following areas in which they have expertise**

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| **COMMUNICATION AND INTERACTION** |

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| **Speech and Language***Including expressive language, speech skills and receptive language* |
| **Special Educational Needs***What does the child/young person find difficult?* *Describe difficulties and barriers to learning in this area of development.* | **Impact***How does this impact upon their learning, access to education and other areas of life (home, community, socialisation, etc.)* |
| **Strengths***What can the child/young person do, what are they good at?* |
| **Social Communication and Interaction***Description of other communication skills, including conversational skills and non-verbal skills* |
| **Special Educational Needs***What does the child/young person find difficult?* *Describe difficulties and barriers to learning in this area of development.* | **Impact***How does this impact upon their learning, access to education and other areas of life (home, community, socialisation, etc.)* |
| **Strengths***What can the child/young person do, what are they good at?* |

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| **Medium-term outcomes and steps towards these (short term targets)***An outcome is something a child/young person will be able to know, understand or be able to demonstrate. Outcomes should be specific, measurable, achievable, relevant and time bound (SMART). Consider what is important to/for the child/young person and what will support them to progress towards achieving their aspirations.* *Outcomes may span the current key stage (2-4 years), or the next key stage where relevant. For pre-school aged the timescales may be shorter, e.g. by the time they start school, by the end of Reception year.**E.g., At the end of Key Stage 1, [CYP] will be able to…**Short term targets may include…*([Council for Disabled Children – Holistic Outcomes training](https://learning.councilfordisabledchildren.org.uk)) |
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| **Recommended provision – support required to help the child/young person achieve their desired outcomes***What therapy provision and interventions are needed to meet the child/ young person’s needs identified above? Include direct and indirect provision above and beyond what is being delivered as part of the local offer. Provision should be transferable and not service specific.****Direct intervention examples****Small group intervention**1:1 intervention**Termly review****Indirect intervention examples****Teaching staff working with X will be trained in a programme such as x which contains information on x, y, z.**Teaching staff working with X will use strategies as detailed in SALT report April 22.**Teaching staff will carry out an intervention program following training from the clinician.**X will have regular movement breaks throughout the day.**If the child/young person has been recently discharged or there are plans to discharge, please include information about any provision that is or will be delivered as part of the local offer following this.* | **Frequency***(How often, how many minutes/ hours, for how long will the provision be delivered. How often will the provision be reviewed?)* | **Provided by** *Who? Does the person delivering provision require any training?* |
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| **COGNITION AND LEARNING** |

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| **Cognitive Development***Including play and learning skills, progress and current level of skills based on assessments and observations* |
| **Special Educational Needs***What does the child/young person find difficult?* *Describe difficulties and barriers to learning in this area of development.* | **Impact***How does this impact upon their learning, access to education and other areas of life (home, community, socialisation, etc.)* |
| **Strengths***What can the child/young person do, what are they good at?* |
| **Approach to Learning***Including attention, motivation and independent working skills and ability to follow adult-directed tasks* |
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| **SOCIAL, EMOTIONAL AND MENTAL HEALTH** |

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| **Social Interaction and Independence***Including relationships with peers and adults, working with others, emotional awareness and understanding, attachment difficulties* |
| **Special Educational Needs***What does the child/young person find difficult?* *Describe difficulties and barriers to learning in this area of development.* | **Impact***How does this impact upon their learning, access to education and other areas of life (home, community, socialisation, etc.)* |
| **Strengths***What can the child/young person do, what are they good at?* |
| **Emotional Wellbeing***Including emotional regulation, anxiety, self-esteem* |
| **Special Educational Needs***What does the child/young person find difficult?* *Describe difficulties and barriers to learning in this area of development.* | **Impact***How does this impact upon their learning, access to education and other areas of life (home, community, socialisation, etc.)* |
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| **SENSORY***Including vision / hearing impairments, multi-sensory impairment* |
| **Special Educational Needs***What does the child/young person find difficult?* *Describe difficulties and barriers to learning in this area of development.* | **Impact***How does this impact upon their learning, access to education and other areas of life (home, community, socialisation, etc.)* |
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| **PHYSICAL / HEALTH** |

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| **Physical***Including gross / fine motor skills, mobility, coordination, balance* |
| **Special Educational Needs***What does the child/young person find difficult?* *Describe difficulties and barriers to learning in this area of development.* | **Impact***How does this impact upon their learning, access to education and other areas of life (home, community, socialisation, etc.)* |
| **Strengths***What can the child/young person do, what are they good at?* |
| **Self-help***Including feeding, toileting, dressing, washing* |
| **Special Educational Needs***What does the child/young person find difficult?* *Describe difficulties and barriers to learning in this area of development.* | **Impact***How does this impact upon their learning, access to education and other areas of life (home, community, socialisation, etc.)* |
| **Strengths***What can the child/young person do, what are they good at?* |
| **Health***Medical issues that have an impact on education* |
| **Special Educational Needs***Describe barriers to learning in this area of development**
 | **Impact***Describe how any medical conditions, impairments or other health needs impact upon the YP**
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| **Strengths***What can the child do, what are they good at, what is already in place to help them?* |

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| **Name of person completing this form** |  |
| **Job title/role & service/team** |  |
| **Email address** |  |
| **Contact number/s** |  |
| **Checked by** |  | **Date** |  |

**Once completed, please return this document securely to the relevant Family Services Team:**

Lowestoft & Waveney (Lowestoft Office): SENDLW@suffolk.gov.uk

Ipswich, Coastal & South Suffolk (Ipswich Office): SENDSS@suffolk.gov.uk

West & Central Suffolk (Bury St Edmunds Office):  SENDWS@suffolk.gov.uk