# My Views/Family Conversation Form

| **Information needed** | **Your answer** |
| --- | --- |
| Name of the child/young person |  |
| Date of birth of child/young person |  |
| Ethnicity |  |

**To aid our understanding of you/your child’s needs and to assist with decision making, please complete this form with as much detail as possible**.

## Accessibility

This form may be available in other languages, large print, Easy Read, Braille, and audiotape if requested. Please direct your request to senopsupport@norfolk.gov.uk.

There may be a delay in providing the format you need as we use an external translation service.

All schools/settings are asked to complete the referral form using the information from the following: [INDES](https://www.schools.norfolk.gov.uk/pupil-needs/special-educational-needs-and-disabilities/identification-of-need-and-inclusive-provision/inclusion-and-provision-sef) you may find this useful to look at.

## Health details

| **Information needed** | **Your answer** |
| --- | --- |
| Can you tell us if the child/young person has a disability or a diagnosis or any known health conditions?  |  |
| Who diagnosed the condition?  |  |
| Do any of the above conditions need medications and if what medication is given? |  |
| Is this medication taken whilst at school / in setting? |  |
| Are there any health conditions that may pose rick/threat to the child or young person?  |  |
| Are any of these health conditions having current medical treatment? |  |
| Family health history(Give details of family history that may have a direct impact on the child / young person) |  |

## Social Care Details (if known)

| **Information needed** | **Your answer** |
| --- | --- |
| Are you currently in receipt of support from children’s services social care?For example: allocated social worker, Early Help support, Short Breaks budget. |  |

Other agencies / professionals involved with you

The information provided here will help us identify agencies / professionals who we’ll need to seek information/evidence from as part of the EHC needs assessment. Please help us by identifying the relevant agencies using the following table. Please state Yes in the Yes or no column to indicate that this professional has been involved with you and provide their contact details in the next section.

| **Education** | **Yes or no** | **Health** | **Yes or no** | **Social Care** | **Yes or no** |
| --- | --- | --- | --- | --- | --- |
| Access Through Technology |  | Children and Adolescent Mental Health Service |  | Children with Disabilities Social Care |  |
| Dyslexia Specialist |  | Children’s Community Nursing |  | Other Children’s Social Care |  |
| Educational Psychology |  | Occupational Therapy |  | Early Help Family Support Lead Professional |  |
| Sensory Support |  | Paediatrician |  | Wheelchair Services |  |
| Armed Service Children’s Education Advisory Service |  | Ophthalmology (in hospital eye care) |  | Short Breaks Service |  |
| Careers adviser / preparation for adulthood |  | Orthotics |  | Adult social care |  |
| Virtual School Children in Care / SEN |  | Continuing Care |  | Youth Offending Services |  |
| Services to Home Education |  | Physiotherapy |  | Other (please provide details in contact section) |  |
| Other (please provide details in contact section) |  | Speech and Language |  | Other (please provide details in contact section) |  |
| Other (please provide details in contact section) |  | 0-19 Healthy child programme (Health visitor/school nurse) |  | Other (please provide details in contact section) |  |
| Other (please provide details in contact section) |  | Other (please provide details in contact section) |  | Other (please provide details in contact section) |  |

**This information is also requested as part of the professional request for assessment form, so if you are working with your child / young person’s education setting please chat to them as the information only needs to be sent once**.

## Professional contact details

If you have more than four professionals supporting you please add details on a separate sheet.

### Professional 1

| **Information needed** | **Your answer** |
| --- | --- |
| Name |  |
| Job title |  |
| Organisation |  |
| Address |  |
| Email address |  |
| Telephone number |  |
| Report attached? Please state yes or no |  |
| What support is being provided to you? |  |

### Professional 2

| **Information needed** | **Your answer** |
| --- | --- |
| Name |  |
| Job title |  |
| Organisation |  |
| Address |  |
| Email address |  |
| Telephone number |  |
| Report attached? Please state yes or no |  |
| What support is being provided to you? |  |

### Professional 3

| **Information needed** | **Your answer** |
| --- | --- |
| Name |  |
| Job title |  |
| Organisation |  |
| Address |  |
| Email address |  |
| Telephone number |  |
| Report attached? Please state yes or no |  |
| What support is being provided to you? |  |

### Professional 4

| **Information needed** | **Your answer** |
| --- | --- |
| Name |  |
| Job title |  |
| Organisation |  |
| Address |  |
| Email address |  |
| Telephone number |  |
| Report attached? Please state yes or no |  |
| What support is being provided to you? |  |

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## Family Members/Significant Others

Please provide details of any people significant to child / young person.

| **Name of significant person** | **Relationship to child** |
| --- | --- |
|  |  |
|  |  |
|  |  |

**What support do you receive from family friends, community members and other professionals? If you have more than three people supporting you please provide additional information on a separate document.**

### Supporting person 1

| **Information needed** | **Your answer**  |
| --- | --- |
| Name of person supporting your child/young person |  |
| What support do they give?  |  |
| How often do they provide this support?  |  |
| Are they family or friends? Please state yes or no |  |
| If you answered no to the above question what area does the support come from? Please state if this is Services, Arts & Crafts, Education, Physical activity, Faith & Meaning or other |  |
| If you stated other in the above answer can you please state what other is.  |  |

### Supporting person 2

| **Information needed** | **Your answer**  |
| --- | --- |
| Name of person supporting your child/young person |  |
| What support do they give?  |  |
| How often do they provide this support?  |  |
| Are they family or friends? Please state yes or no |  |
| If you answered no to the above question what area does the support come from? Please state if this is Services, Arts & Crafts, Education, Physical activity, Faith & Meaning or other |  |
| If you stated other in the above answer can you please state what other is.  |  |

### Supporting person 3

| **Information needed** | **Your answer**  |
| --- | --- |
| Name of person supporting your child/young person |  |
| What support do they give?  |  |
| How often do they provide this support?  |  |
| Are they family or friends? Please state yes or no |  |
| If you answered no to the above question what area does the support come from? Please state if this is Services, Arts & Crafts, Education, Physical activity, Faith & Meaning or other |  |
| If you stated other in the above answer can you please state what other is.  |  |

## Child/Young Person’s Views

| **Information required** | **Your answer** |
| --- | --- |
| Tell us about your family, school or college and friendships. |  |
| What do you enjoy? Who with? What are you good at? |  |
| What do you find difficult? What do you need to help you? |  |
| What are your aspirations, goals, wishes, hopes, and ambitions? |  |
| How do you want to be given information? For example, talking, signing, pictures, technology. |  |
| How can we involve you in decision making and make sure that your choices are listened to and understood? |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent / Carer Views**Strengths and Skills****What is your child / young person good at in the following areas?**

| **Information required** | **Your answer** |
| --- | --- |
| Speaking, listening, and joining in |  |
| Knowledge, skills and understanding |  |
| Feelings and friendships |  |
| Hearing, listening, physical and independent skills |  |
| What are your aspirations, goals, wishes, hopes, and ambitions for your child/ young person? |  |
| What would you like your child/young person to be able to do in the next 12 months? |  |
| What would you like your child/young person to be able to do in the next 5 years? |  |
| What skills does your child / young person need to develop to make these things happen? |  |
| What does your child / young person find difficult in a learning environment? |  |
| Who and what would help or support your child / young person to achieve this? |  |

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## Child’s story so far

| **Information needed** | **Your answer**  |
| --- | --- |
| Child / young person’s history including the views of parents / carers and professionals about their needs now and in the future. If the child / young person is on a **waiting list for assessment**(s) or awaiting assessment reports please include details.(Please keep information current but include relevant history) |  |