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**Early Years Family Conversation Record for Education, Health and Care Needs**

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| --- | --- |
| **Full Name of Child** **(First Name, surname):** |  |
| **Date of Birth:** |  |
| **Setting name and address:** |  |
| **These are the key people who can support me through this process:** | **Name** | **Contact number and email** |
|  |  |
|  |  |
| **Family Conversation Meeting Date(s):** |  |
| **Family Conversation Submission Date:** |  |

**CHILD’S / YOUNG PERSON’S DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Gender:** |  | **Religion:** |  |
| **Ethnicity:** |  | **First language:** |  |
| **Home address:** |  | **Parent(s) / Carer(s) first language:** |  |
| **Contact number:** |  | **Email address:** |  |

**Family Conversation (Early Years)**

**What are your child’s strengths, interests and achievements?**

**How does your child communicate?**

**What do you think of your child’s life at the moment?**

**What do you want for your child in the future?**

**What additional support would be helpful for your family?**

**Do you require any additional support to take part in the EHC process?**

What is working and needs to stay the same?

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| --- | --- | --- | --- |
| Support currently in place | What is this support achieving? | Who provides this support? | How often does this happen? |
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|  |  |  |  |

**What isn’t working well and how does it need to change?**

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| --- | --- | --- | --- |
| What my child needs help with | What could be put into place? | Who could provide this? | What would be the intended outcome? |
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**Social Care Details**

|  |  |
| --- | --- |
| Details of any statutory measures in place  |   |
| Local authority responsible |   |
| Details of any other plans in place  |   |

**Health Care Details**

|  |  |
| --- | --- |
| **GP’s name, address and telephone number** |   |
| **Health Authority**  |   |
| **NHS Number** |   |
| **Disability/Diagnosis/Known Condition(s)** |  |
| **Diagnosed by** |  |
| **Current medical treatment/ medication(s) taken and impact of these (care plan required? etc)** |  |
| **Other medical issues and impact of these (care plan required? etc)** |  |
| **Health issues that may pose a risk to the child or to others** |  |
| **Family health history:****(Give details of family history that may have a direct impact on the family’s ability to stay strong)** |  |
| **Details of any visual impairment** |  |
| **Details of any hearing impairment** |  |