## Parental advice towards the Person Centred Annual Review

Child’s details

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| **Forename:** |
| **Date of birth:** |
| **Home address:** |
| **Postcode:** |
| **Surname:** |
| **Gender:** |
| **Child’s ethnicity:** |
| **Child’s first language:** |
| **NHS number:** |

## Parental/carer responsibility

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| --- |
| **Mother’s name:** |
| **Telephone (home):** |
| **Telephone (mobile):** |
| **Address** if different from above**:** |
| **Do you have any disabilities that require alternative forms of communication or access arrangements for meetings?** |
| **Parent’s first language:** |
| **Is an interpreter required? Yes / No** |
| **Is translation of documents required? Yes / No** |
| **Are you an Armed Forces family? Yes / No** |
| **Email:** |
| **Father’s name:** |
| **Telephone (home):** |
| **Telephone (mobile):** |
| **Address** if different from above**:** |
| **In order to co-ordinate support if appropriate to proceed with a plan, please state the names of any other children living in the family home who currently have a Statement of Special Educational Need or Education, Health and Care Plan:** |
| **Email:** |
| **Names of others with parental responsibility:** |
| **Relationship to child:** |
| **Telephone:** |

## Child’s GP details

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| **GP name:** |
| **Medical Practice & address:** |

## Social Care involvement

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| **Looked After Child? Yes / No** |
| **Social Worker:** |
| **Local Authority:** |
| **Social Worker Telephone:** |
| **Social Worker email:** |
| **Child Protection or Child in Need Plan in place? Yes / No** |

## Child’s School/Nursery details

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| **School/Nursery:** |
| **Year Group:** |
| **Contact person:** |
| **Role:** |

## Signatures and declaration

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| **Parent/carer’s signature(s):** |
| **Date:** |

## Please include the details for any health or social care professionals currently involved with your child

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| --- | --- | --- |
| **Name** | **Role** | **Address or phone number** |
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| **What your child is good at (strengths):** |

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| **What your child needs help with (difficulties):** |

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| --- |
| **What help or support your child is currently receiving:** |

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| --- |
| **In regards to health, what is working well/not working well?**   * Accessing services. * Medication. * Future plans for health. * Anything that could be improved? |
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| **In regards to social care, what is working well/not working well?**   * Need for short breaks * Housing issues * Future plans for support and housing. |
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| **What steps have been made towards supporting independence?**   * Self-help skills. * Independent travelling- can they use public transport? * Independent living- what arrangements need to be made? |
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| **What would you like your child to be able to do next year?:** |
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| **Is there anything else you would like to say?:** |
|  |

**How my child communicates with others**

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| --- | --- | --- | --- |
| **How to let my child know when things are going to change** | **How to help my child make choices** | **How to help my child follow simple instructions** | **How my child let’s you know what they want** |
| For example – do you need to use keywords only, gestures, keyword signs, photos, visual timetables, etc | For example – do you need to use real objects or a visual cue such as photos, etc? | For example – do you need to use keywords only, gestures, keyword signs, visual cues, etc? | For example – eye pointing, vocalisations, single words, short phrases, PECS, etc |
|  |  |  |  |

Please circle/indicate for the following:

1 – Poor 5 – Satisfactory 10 – Excellent

## How well do you think your child’s school is meeting his/her special educational needs?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |

1 – Poor 5 – Satisfactory 10 – Excellent

## How good is the communication between you and the school about your child?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |

1 – Poor 5 – Satisfactory 10 – Excellent

## How well do you think your child is progressing?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |

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| **Is there anything else you would like to say?:** |
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