

Needs Assessment - Parental Views Form (Up to Yr 9)

Your views are a very important part of your child's/ young person's needs assessment. This form has been designed to help you give your views as we assess your child/young person for a Single Plan. We would like some background information about your child so we can work with you to make plans for their future.

If you would like independent help to complete the form or would like more information about the needs assessment, please go to www.gateshead.gov.uk/localoffer and type Independent Support. Completed forms should be returned to your child's nursery, school or college.

THANK YOU

1. YOUR CHILD'S DETAILS

First Name(s)	<input type="text"/>		
Surname	<input type="text"/>	Date of Birth	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>	Child's School	<input type="text"/>

2. PARENT/CARER'S DETAILS

Parent/Carer 1

First Name(s)	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>	Tel No	<input type="text"/>
		Email	<input type="text"/>
Preferred method of contact?	Phone	Email	
What is your relationship to the child?	<input type="text"/>		
What does the child call you?	<input type="text"/>		
Do you have parental responsibility for the child?	YES	NO	

PARENT/CARER'S DETAILS *continued*

Parent/Carer 2

First Name(s) Surname

Address

Postcode Tel No Email

Preferred method of contact? Phone Email

What is your relationship to the child?

What does the child call you?

Do you have parental responsibility for the child? YES NO

Do you require an interpreter or have communication needs? YES NO

Do you need the EHC Plan and letters translated or in a different format YES NO

If YES, what language or format is needed?

Who does the child/young person live in the household with?

3. FAMILY MEMBERS

Names of family members or significant people withing the child/young person's life.

Name	Relationship to child

4. CHILD'S HEALTH, BEHAVIOUR AND DEVELOPMENT

Give a brief description of your child's/young person's life so far e.g. What were their early years like? Did you have any developmental concerns?

Have any agencies been involved with your child/young person? If so, when?

What are your current concerns around your child's/young person's needs?

How can your child's/young person's needs be best supported?

How does your child/young person communicate?

What interests your child/young person?

What are your child's/young person's strengths? What are you proud of?

What is your child/young person like socially? How does your child/young person interact with others?

What does school/learning look like for your child/young person?

Does your child/young person struggle with managing their behaviour, emotions or mental health?

What can your child/young person do independently? What do they need help with?

What help does your child/young person need to stay healthy and safe?

Does your child/young person have any sensory or physical difficulties?

What aspirations do you have for your child/young person both now and in the future?

Signed

Date

Name (please print)

**Please return to via secure email link
to SENTeam@gateshead.gov.uk**