

Halton Education, Health and Care (EHC) Plan

Feedback Form



Your voice counts

Your views and experiences count

We would like to know your views and experience during your child or young person's statutory EHC Plan assessment process so we can monitor, review and continue to improve the process in the future for parents, carers, children and young people. The information you give us is confidential and anonymous.

1. How old is your child?

2. Which year group does your child attend at their school/setting?

Pre-school/nursery/early years setting

Reception

Primary Y1 Y2 Y3 Y4 Y5 Y6

Secondary Y7 Y8 Y9 Y10 Y11

6th Form

College

3. Which type of provision does your child attend?

Pre-school/nursery/early years setting

Specialist unit/resource base Provision

Primary mainstream school

Pupil Referral Unit (PRU)

Secondary mainstream school/6th Form

College

Special school

Elective Home Education

Other – please give details below:

AP – Alternative Provision

4a. Did you receive the information leaflet which explained the EHC Plan assessment process at the start of your journey?

Yes

No

4b If yes, where did you receive the information leaflet from?

Assessment Coordinator/Assessment Team

Pre-school/early years setting/school/college

Halton Local Offer

Halton SENDIASS

Other e.g. HSCF

5. How satisfied were you with the quality and availability of the information provided to you at the start of the process?

Very satisfied

Satisfied

Unsatisfied

Very unsatisfied



Comments:

6. Throughout the EHC Plan assessment process , were you satisfied with the contribution you may have had from any of the following:

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| a) Pre-school/early years setting/school/college | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b) Paediatrician | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c) Educational Psychology Service | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| d) Health – therapies | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| e) Social worker/social care | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| f) Health Visitor/School Nurse | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| g) Chatterbug | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| h) CAMHS | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

i) Other – please specify professional role/title

Comments:

7. Thinking about the way your child’s EHC Plan or Support Plan is written, is it readily understandable and easy to read?

Yes No

Comments:

8. Thinking about the content of your child's EHC Plan or Support Plan, how accurately does it:



a) Specify what help/support will be given to your child?

Very accurately Accurately Inaccurately Very inaccurately

b) Reflect their learning needs?

Very accurately Accurately Inaccurately Very inaccurately

c) Reflect their health needs?

Very accurately Accurately Inaccurately Very inaccurately

d) Reflect their social needs?

Very accurately Accurately Inaccurately Very inaccurately

e) Clearly set out the views, wishes and aspirations of your child/yourself?

Very accurately Accurately Inaccurately Very inaccurately

f) Clearly set out the outcomes?

Very accurately Accurately Inaccurately Very inaccurately

g) Identify the preparatory work undertaken with the child/young person?

Very accurately Accurately Inaccurately Very inaccurately

h) Include the voice of the child/young person (self-advocacy)?

Very accurately Accurately Inaccurately Very inaccurately

i) Identify areas to cover Preparing for Adulthood?

Very accurately Accurately Inaccurately Very inaccurately

Comments:

9. Overall, how was the communication with you throughout the whole EHC Plan assessment process ?

Very good Good Poor Very poor



10. Overall, how satisfied are you with your experience of the EHC Plan assessment process ?

Very satisfied Satisfied Unsatisfied Very unsatisfied

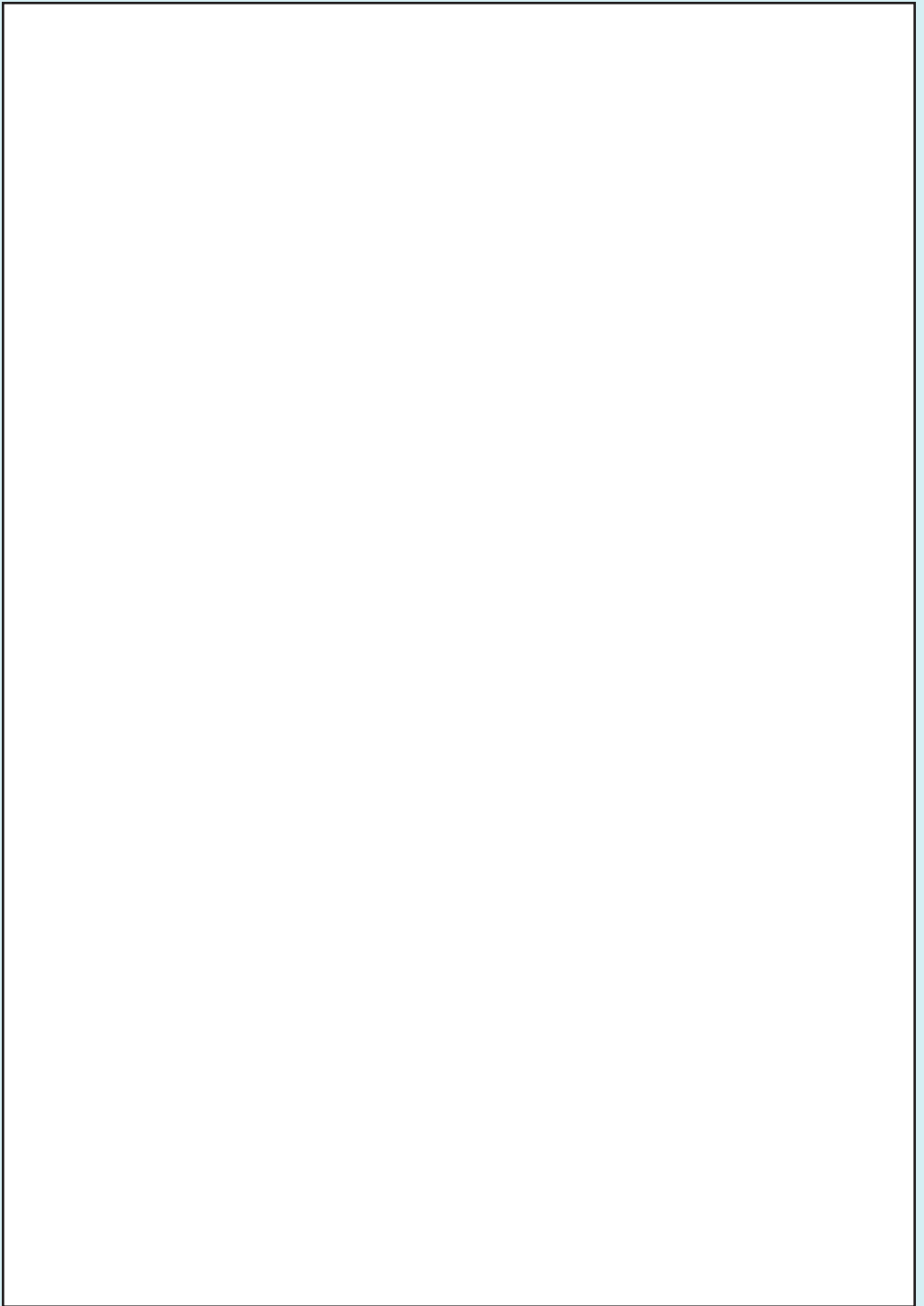


11. How satisfied were you with your outcome?

Very satisfied Satisfied Unsatisfied Very unsatisfied



Please give any comments about communication, experience and/or the outcome of this process below:



**Thank you for completing
this feedback form**

