Practitioner’s Report

*For EHC Assessment Requests, Annual Reviews and EHC Conversions*



Name of practitioner completing report: :………………………………………………

Practitioner’s role: ………………………………………………………………………..

Name of child/young person: ……………………………………………………………

**Strengths, Difficulties and Desired Outcomes**

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| **Communication** | |
| Strengths |  |
| Difficulties |  |
| Desired Outcome(s) |  |

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| **Learning and Development** | |
| Strengths |  |
| Difficulties |  |
| Desired Outcome(s) |  |

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| **Behaviour and Emotions** | |
| Strengths |  |
| Difficulties |  |
| Desired Outcome(s) |  |

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| **Health** | |
| Strengths |  |
| Difficulties |  |
| Desired Outcome(s) |  |

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| **Everyday Life** | |
| Strengths |  |
| Difficulties |  |
| Desired Outcome(s) |  |

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| **Family and Community** | |
| Strengths |  |
| Difficulties |  |
| Desired Outcome(s) |  |

Proposed provision/additional comments

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| **Proposed provision** |
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| **Additional comments** |
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|  |  |
| --- | --- |
| **Signature/date** | |
| Signature of practitioner |  |
| Date |  |