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| **Child & Adolescent Mental** **Health Service** Oak Block St. Ann’s HospitalSt. Ann’s RoadTottenhamLondon N15 3THTelephone: 020 8702 3400/5154Website: [www.behcamhs.nhs.uk](http://www.behcamhs.nhs.uk)   |

**Health Advice Contributing to an Education, Health, and Care Needs Assessment**

Please note that this advice will be shared with children, young people, parents/carers, and other professionals involved with the child/young person. This advice must be typed.

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| **Child/Young Person’s Name:**  |
| Setting:  | **Date of Birth:** |
| National Curriculum Year:  | **Female/Male** |
| **Name of Person Submitting Advice:**  |
| **Title of Person Submitting Advice**:  |

**Background Information:**

**Progress in therapy**

* **CYP Views:**
* **Description of the child/young person’s strengths and needs:**

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| **Assessment**NB: Formal or informal assObservations in therapy or at school/home |
| **Summary of Strengths Needs and Impact:****Strengths**Example: Strong interpersonal relationships with peers**Needs**Example: Inability to verbalise feelings  |

**Desired Outcomes for the end of Key Stage [KS2]**

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**Provision Required to achieve outcomes above:**

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| **Strategies and School Interventions**  |
| **Health/CAMHS/TAVI Provision** |

I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete opinions on the matters to which they refer.

**Signed:**

**Title: Date:**

**Checked by:**