Family Conversation Template

(Early Years)

**What are your child’s strengths, interests and achievements?**

**How does your child communicate?**

**What do you think of your child’s life at the moment?**

**What do you want for your child in the future?**

**What additional support would be helpful for your family?**

**Do you require any additional support to take part in the EHC process?**

What is working and needs to stay the same?

|  |  |  |  |
| --- | --- | --- | --- |
| Support currently in place | What is this support achieving? | Who provides this support? | How often does this happen? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**What isn’t working well and how does it need to change?**

|  |  |  |  |
| --- | --- | --- | --- |
| What my child/young person needs help with | What could be put into place? | Who could provide this? | What would be the intended outcome? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Social Care Details**

|  |  |
| --- | --- |
| Details of any statutory measures in place |  |
| Local authority responsible |  |
| Details of any other plans in place |  |

**Health Care Details**

|  |  |
| --- | --- |
| **GP’s name, address and telephone number** |  |
| **Health Authority** |  |
| **NHS Number** |  |
| **Disability/Diagnosis/ Known Condition(s)** |  |
| **Diagnosed by:** |  |
| **Current medical treatment / Medication(s) taken and impact of these (care plan required? etc)** |  |
| **Other medical issues and impact of these (care plan required? etc):** |  |
| **Health issues that may pose a risk to the child/young person or to others:** |  |
| **Family health history:**  **(Give details of family history that may have a direct impact on the family’s ability to stay strong)** |  |
| **Details of any visual impairment** |  |
| **Details of any hearing impairment** |  |