



**Health Questionnaire**

As part of the annual review of an Education, Health and Care Plan (EHCP) the organiser of the review meeting (usually the education setting) is required to seek up to date health advice, this is to consider whether any health needs may impact on a child/young person's special educational needs.

My child/young person **is/is not** (please delete) regularly (at least annually) seen by a health professional.

If your child/young person has been discharged from a health service since their last EHCP review, the discharge letter should be shared with LA/SENCO so they can update the EHCP accordingly. Please give any discharge letters or recent diagnosis letters to the person who is coordinating the annual review.

If your child/young person **is** known to health, please indicate which service below so health advice can be requested:

Professional/service	Yes/No/On waiting list	Last appointment date	Hospital where child/young person is seen	Further comments
Paediatrician				
Specialist Paediatrician eg Epilepsy, diabetes				
Specialist doctor e.g., Orthopaedic surgeon, cardiology, ENT				
Speech & Language Therapy				
Physiotherapy				
Occupational Therapy				
Dietitian				
Audiology hearing impairment				
Ophthalmology/visual impairment				
Specialist Children's Nurse or Children's Community Nurse				
Special School Nurse				



<b>Bladder &amp; Bowel service</b> (please state in comments box if continence products are used)				
<b>Specialist dental services</b>				
<b>Equipment services</b> e.g., Wheelchairs/Orthotics				
<b>Child and Adolescent Mental Health (CAMHS)</b> e.g. ADHD assessment/review, anxiety support				
<b>School based mental health support team/Wellbeing in Mind team</b>				
<b>Autism team</b>				
<b>Learning Disability Service</b>				
<b>School Nurse/Health Visitor or if CYP is a Child in Care</b>				
<b>Other (please state)</b>				
<b>GP care only</b>				

If child/young person is under GP only and family state no health needs impacting on SEND then SENCO to input date of discussion of health care needs with parents onto AR Section C. For example, Discussed with **CYP NAME** or **CYP parent/carer** on **DATE** and they state no health needs impacting on SEND and that **CYP NAME** is under universal services only.

If parents highlight any concerns with health, then they should be signposted to GP or appropriate service such as healthy child service/school nursing, CAMHS, or SaLT for concerns with SLCN.