**Setting, School or College report for Education Health and Care assessment (Form B)**

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| --- | --- | --- | --- |
| **1. Details of the child/young person** | | | |
| Full name | | Date of birth | Year group |
|  | |  |  |
| Address | | | |
|  | | | |
| School |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **2. Writing the Outcomes Meeting information** | | | |
| **Date** |  | **Location** |  |
| **Chair** |  | | |
| **Attendance** | | | |
| **Name** | | **Designation** | |
|  | |  | |
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|  | |  | |
|  | |  | |
| **Apologies –** *to be included in the circulation list* | | | |
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| **2. Desired Outcomes following the Writing the Outcomes Meeting** |

**A summary of the main outcomes to be achieved over the next key stage (or 2 to 3 years), phase or programme of education or training.**

**These are long term outcomes. Each year the smaller steps which are contributing to progress towards these outcomes should be reviewed.**

**For young people aged over 17** please specify which are education and training outcomes (E or T).

|  |  |  |
| --- | --- | --- |
| **Desired Outcomes**   * Steps towards the outcomes | **\*E/T** | **To be achieved by** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |

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|  |  |
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| **Name of person completing the advice** | Role: |
| Contact details: | |
| Signature | |

Form B should be completed at the meeting and circulated to all invited and those in attendance. A copy should be returned to the SEN officer within 48 hours.