# How do you feel about the EHCP process?

Name………………………………. Age…………………………. Gender…………………………

Date………………………………….

An Education, Health, and Care plan (EHCP), is a plan created to describe what you need to help you progress in your education, be as healthy as possible, and ensure you are able to join in with fun social activities with other young people. We have some questions about your experience with your EHCP, as well as how you feel about your school/college, home life, and so on.

Please circle your answer for each question, some questions also provide space for extra comments if you have anything to add.

Your EHCP:

1. Do you have an Education, Health, and Care plan?

YES / NO

1. Have you read your EHC plan?

YES / NO

1. If you answered ‘yes’ to number 2, do you think it tells other people the most important things about you? In other words, does it sound like you being described?

Not at all A Little Half and Half A bit Yes, it is clear.

1. If you answered ‘yes’ to number 2, do you think your plan tells other people what they need to do to help you?

Not at all A Little Half and Half A bit Yes, it is clear.

1. Do you remember talking to people during the process of getting an EHCP about what you like and what you need?

YES / NO / PARTLY

1. On a scale of 1 to 10, do you feel that the people you spoke to listened to you and understood your views?

1 is where you don’t feel you have been listened to at all and 10 is your wishes and feelings were heard and considered fully.

Not at all Partly Yes, a lot.

Any comments for questions 1 to 6: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Your friends:

1. Do you have good relationships with other students at school/college?

YES / NO

1. Do you have good relationships with the adults at school/college?

YES / NO

Any comments: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

When you’re not at school/college:

1. Do you see friends regularly?

YES / NO

1. Do you go to any clubs, e.g., youth group/sports?

YES / NO

1. Do you go out near your home, for example to the park or local cafes/shops?

YES / NO

1. On a scale of 1 to 10, how engaged do you feel in your local community? 1 is where you spend most of your time on your own and feel isolated, and 10 is you feel really engaged and attend groups or see friends regularly.

Not at all Partly Very.

Any comments for this section: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

When you’re in school/college:

1. On a scale of 1 to 10, how much do you enjoy school/college? 1 means you are not attending and don’t want to go and 10 is you are doing well and are happy to go to school/college.

Not at all Partly A lot.

1. Do you feel you are making progress with your learning?

YES / NO

1. Do you think you are doing well at school/college?

YES / NO

Any comments for this section: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Your home:

1. Do you enjoy spending time at home?

YES / NO

1. Do you get along with the people in your home?

YES / NO

Your health:

1. How would you rate your daily health on a scale of 1 to 10? Think about your sleep, diet, exercise and if you have any medical conditions. 1 means you don’t feel healthy at all and 10 means you feel really healthy.

Not at all Partly Really healthy

Your future:

1. Has anyone spoke to you about what you would like to achieve/do in the future?

YES / NO

If yes, who: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. On a scale of 1 to 10, how prepared do you feel for adulthood? 1 is where you don’t feel prepared at all and are unsure what your future looks like, and 10 means you are ready and confident, and have the skills you need.

Not at all Partly Ready

and Confident

1. Finally, is there anything you would like us to know and think about in your EHCP?

Thank you for answering these questions, please hand this back to a member of staff at school.

How do you feel about the EHCP process?

Pupil Name……………………………. Age………………………. Gender……………………….

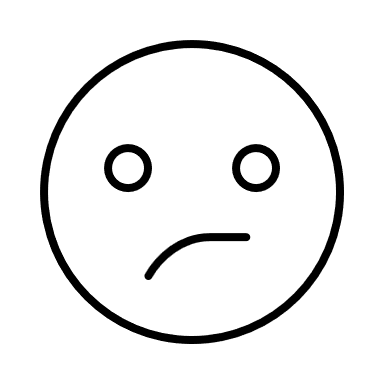
Date………………………… Name of adult helping complete form......................................

An EHCP is a plan that describes what you need to help you in school, be healthy, and help you join in with fun social activities with other children.

Your EHCP:

1. Do you have an Education, Health, and Care plan?

Yes No I’m not sure

1. Have you read your EHC Plan?

Yes No

If you have not read your plan and you know why please write the reason here:

1. If your answer to number 2 was yes, do you think your plan will tell other people the most important things about you?

Not at all A Little Half and Half A bit Yes



1. If you have read your plan, do you think it tells other people what they need to do help you?

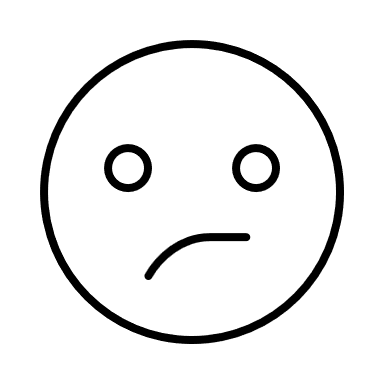
Not at all A Little Half and Half A bit Yes



1. Has anyone asked you what you like and what you need? This could have been teachers, or someone at school, your parents, or an adult who has come to see you.

Yes No A little bit.

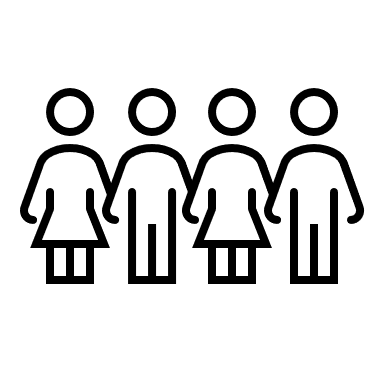
  

1. When these people spoke to you, do you think they listened well and understood you?

Not at all Partly Yes, a lot.

Your friends:

1. Do you have friends in school?

Yes No

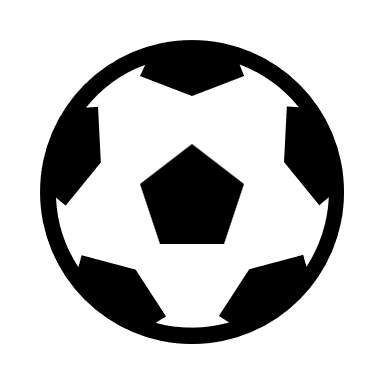
 

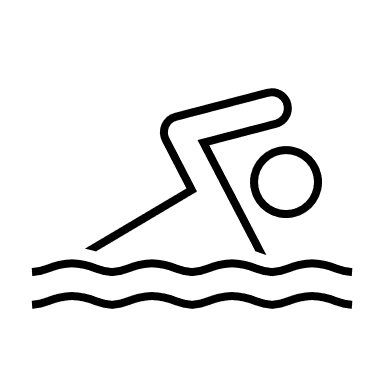
1. Do you feel safe and happy with the adults in school?

Yes No

When you’re not at school:

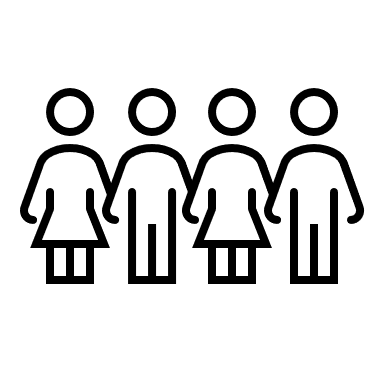
1. Do you go to any clubs to see friends? For example, cubs/brownies, or a sport.



Yes No

1. Do you see your friends when you’re not at school?



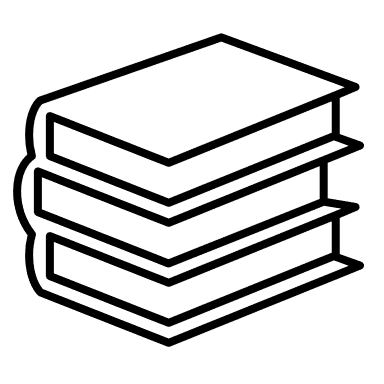
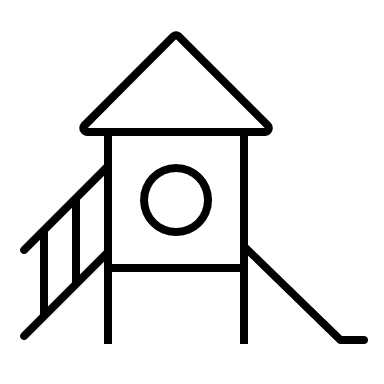
Yes No

1. Do you go to any places near your house, for example the park, or the library?

Yes No



1. On a scale of 1-10 how happy and safe do you feel in your local community do you feel?

Not at all Partly A lot



When you’re at school:

1. On a scale of 1 to 10, how much do you enjoy school? 1 means you don’t like school at all and do not want to go, 10 means you are very happy at school and learning.

Not at all Partly A lot



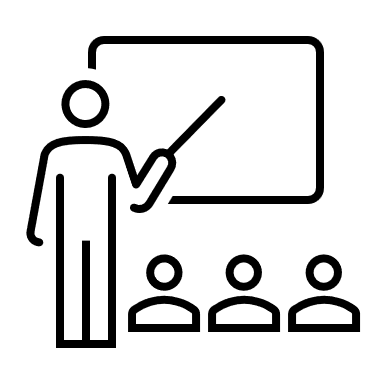
1.  Do you think you are getting better at your schoolwork and in lessons?

Yes No

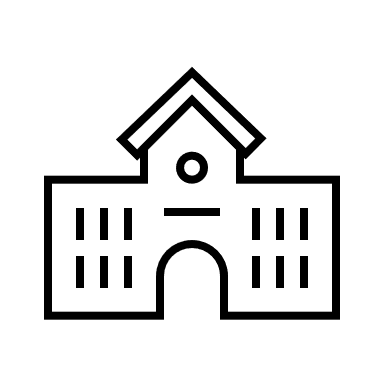


1. Do you think you are doing well at school?



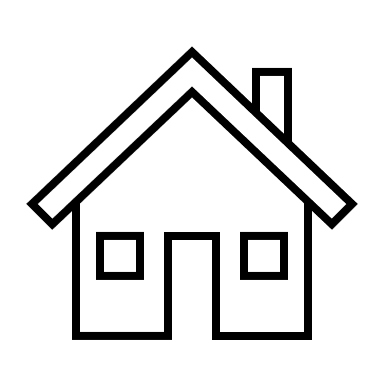
Yes No



When you’re at home:

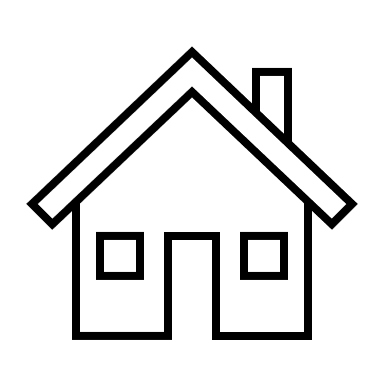
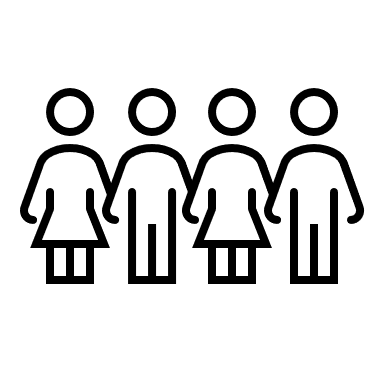
1. Do you enjoy spending time at home?



Yes No

1. Do you get along well with the people in your home?



Yes No

Your Health:

1. How healthy do you think you are?



Not at all A Little Half and Half A bit Very Healthy



Your future:

1. Has an adult spoke to you about what you want to be or do when you grow up?

Yes No

1. When you think about growing up, do you feel ready and prepared?



Not at all Partly Ready

Why do you think you feel like this?

1. Is there anything you would like to say after answering these questions? Well done for getting through them all!

For the teacher/member of staff working with this pupil:

Do you agree these answers reflect the child?

Is there anything else you would like to add?

How do you feel about the EHCP process?

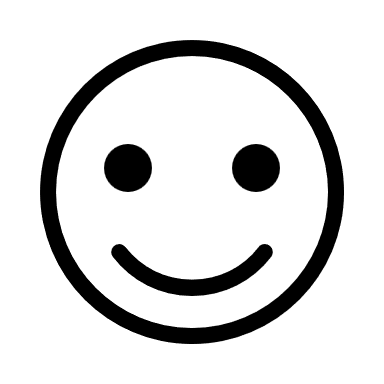
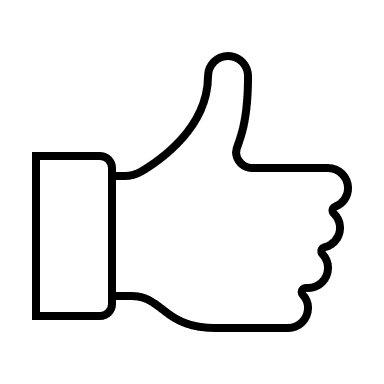
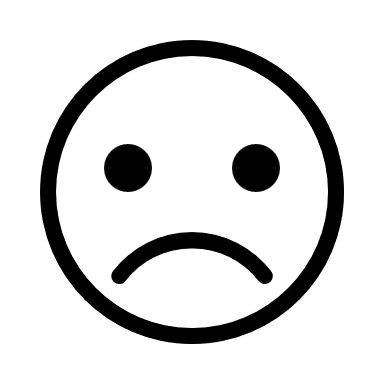
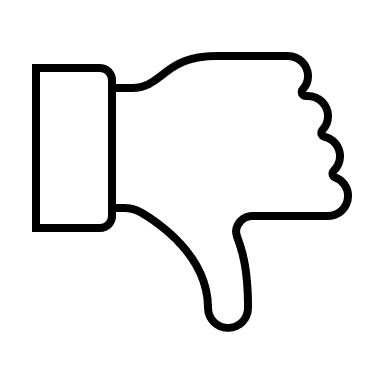
A trusted adult at school should aid a child with these questions and record any responses where necessary.

Child’s Name………………………………………………… Age………………………. Date……………………………….

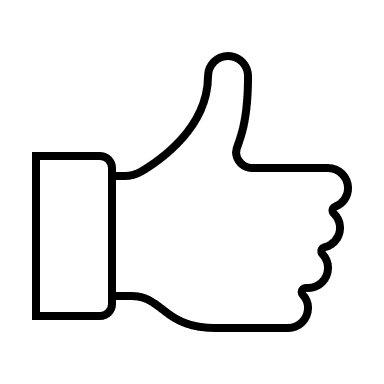
Name of adult completing form with child………………………………………………………

1. Are you happy at nursery/school?

YES NO

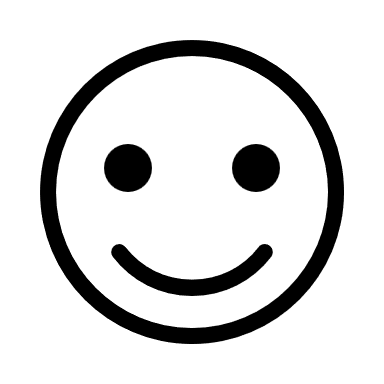
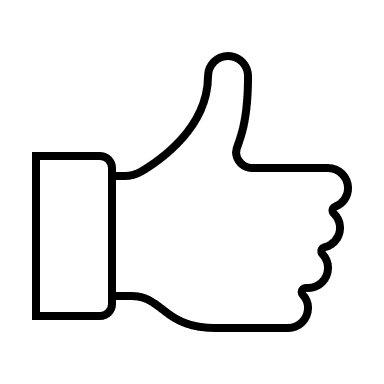
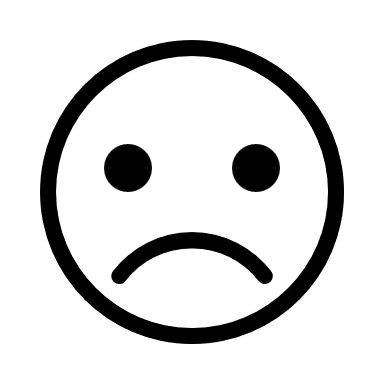
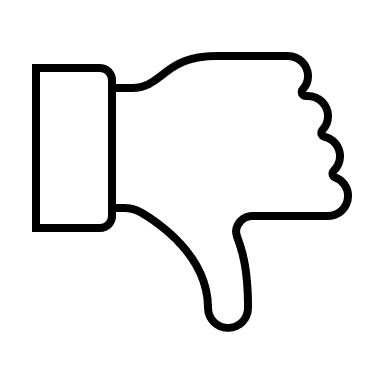
 

1. What do you like to do best?



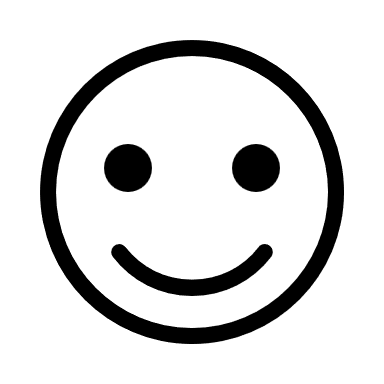
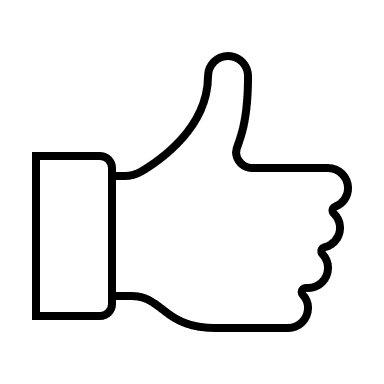
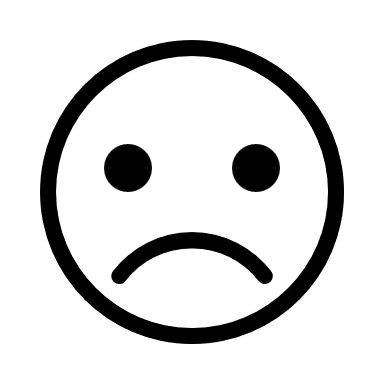
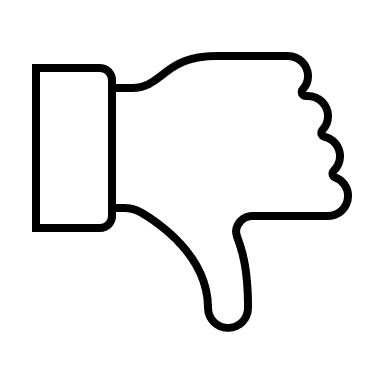
1. Does your keyworker help you?

YES NO

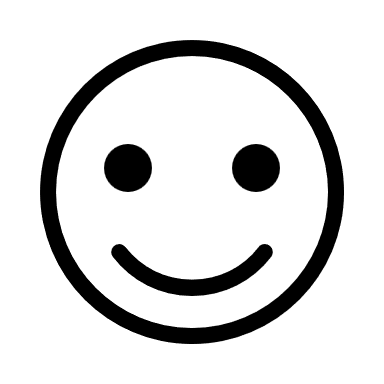
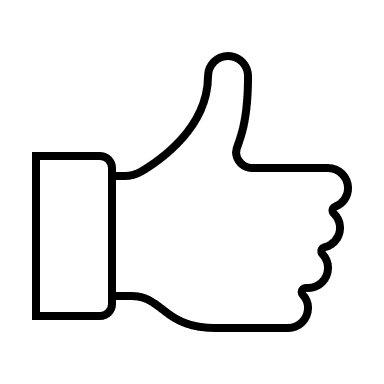
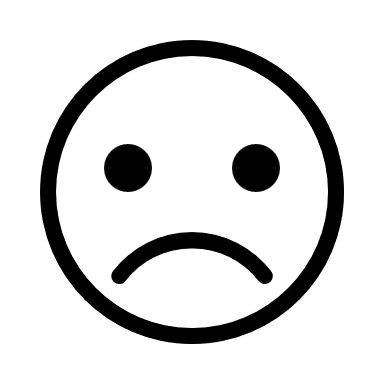
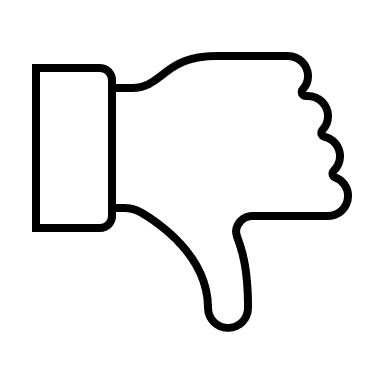
1. Do you have friends?

YES NO

1. Do you need help with anything?

YES NO

If yes, what and who can help?

Finally, for the adult working through these questions with the pupil:

Do you feel the EHCP sounds like the child in terms of their needs?

Would you agree the answers reflect the child?

Is there anything else you would like to add?

**How do you feel about the EHCP process?**

Name………………………………. Age…………………………. Gender…………………………

Date………………………………….

An Education, Health, and Care plan (EHCP), is a plan created to describe what you need to help you progress in your education, be as healthy as possible, and ensure you are able to join in with fun social activities with other young people. We have some questions about your experience with your EHCP, as well as how you feel about your school/college, home life, and so on.

**Your EHCP:**



1.

Do you have an Education, Health and Care plan?

no

not sure

yes



2.

Have you read your EHC plan?

no

not sure

yes



3.

Does your plan tell people about you?

no

not sure

yes



4.

Does your plan tell us what you need?

no

not sure

yes



5.

Do people ask you what you like and need?

no

not sure

yes



Do people listen to you?

yes

no

**Your friends:**





7.

Have you got friends in school?

no

yes



8.

Do you like the adults in school?

no

yes

**When you’re not in school:**



9.

Do you do meet friends outside school?

no

yes



10.



Do you do any clubs out of school?

no

yes

11.

Do you go to parks and cafes out of school?

yes

no

**When you’re in school:**



12.

Do you like school?

no

yes



13.

Are you doing well at school?

no

not sure

yes

**Your home:**



14.

Do you like being at home?

no

yes

**Your health:**



15.

Do you feel healthy?

no

yes

**Your future:**



16.

Do you have a plan for after school?

no

not sure

yes



17.

Anything you would like to tell us?

For teachers/member of staff:

Do you agree these answers reflect the child?

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Is there anything else you would like to add?

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How do you feel about the EHCP process?

Name:

Age:

Gender:

Date:

An Education, Health, and Care plan (EHCP), is a plan created to describe what you need to help you progress in your education, be as healthy as possible, and ensure you are able to join in with fun social activities with other young people. We have 18 questions about your experience with your EHCP, as well as how you feel about your school/college, home life, and so on.

Please answer each question and add anything extra you would like to say at the end.

About your EHCP.

1. Do you have an Education, Health, and Care plan?
2. Yes
3. No
4. Have you read your EHC plan?
5. Yes
6. No
7. If you answered yes to number 2, do you think it tells other people the most important things about you? In other words, does it sound like you being described?
8. Yes, a lot
9. No, not at all
10. Partly
11. If you answered ‘yes’ to number 2, do you think your plan tells other people what they need to do to help you?
12. Yes, a lot
13. No, not at all
14. Partly
15. Do you remember talking to people during the process of getting an EHCP about what you like and what you need?
16. Yes
17. No
18. On a scale of 1 to 10, do you feel that the people you spoke to listened to you and understood your views?

1 is where you don’t feel you have been listened to at all and 10 is your wishes and feelings were heard and considered fully.

………………………………………………………………………………………………………………………………………………………………………………………………………………

Any comments for questions 1 to 6. ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

About your friends.

1. Do you have good relationship with other students at school/college?
2. Yes
3. No
4. Do you have good relationships with the adults at school/college?
5. Yes
6. No

About when you’re not at school/college.

1. Do you see friends regularly (not in school)?
2. Yes
3. No
4. Do you go out when you’re at home, e.g., go to a club such as youth group/sports?
5. Yes
6. No
7. Do you go out near your home, for example to the park or local cafes/shops?
8. Yes
9. No
10. On a scale of 1 to 10, how engaged do you feel in your local community? 1 is where you spend most of your time on your own and feel isolated, and 10 is you feel really engaged and attend groups or see friends regularly.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Any comments for questions 7 to 12. ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

About when you’re in school/college.

1. On a scale of 1 to 10, how much do you enjoy school/college? 1 means you are not attending and don’t want to go and 10 is you are doing well and are happy to go to school/college.

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

1. Do you feel you are making progress with your learning?
2. Yes
3. No
4. Do you think you are doing well at school/college?
5. Yes
6. No

Any comments for questions 13 to 15. ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

About your home.

1. Do you enjoy spending time at home?
2. Yes
3. No
4. Do you get along with the people in your home?
5. Yes
6. No

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

About your health.

1. How would you rate your daily health on a scale of 1 to 10? Think about your sleep, diet, exercise and if you have any medical conditions. 1 means you don’t feel healthy at all and 10 means you feel really healthy.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Any comments for questions 16 to 18. ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

About your future.

1. Has anyone spoken to you about what you would like to achieve/do in the future?
2. Yes
3. No

If yes, who? …………………………………………………………………………………….

1. On a scale of 1 to 10, how prepared do you feel for adulthood? 1 is where you don’t feel prepared at all and are unsure what your future looks like, and 10 means you are ready and confident, and have the skills you need.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Finally, is there anything you would like us to know and think about in your EHCP?

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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Any comments for questions 20 to 22. ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Thank you.

Extra questions for pupils with vision impairments.

1. Do you feel supported at school/college in terms of your vision impairment?
2. Yes
3. No
4. Partly
5. Is there enough adaptations in place to support you and your vision impairment?
6. Yes
7. No
8. Partly
9. If there is anything else you think would help with your vision impairment at school/college please write this here:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Do the teachers help you with your vision at school?

Yes No

1. Do you need more help at school with seeing your work or the board?

Yes No

1. Is there anything else that would help you at school?

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Extra questions for pupils with hearing impairments.

1. Do you feel supported with your hearing impairment at school/college?
2. Yes
3. No
4. Partly
5. Is there enough adaptations in place to support you and your hearing impairment?
6. Yes
7. No
8. Partly
9. If there is anything else you think would help you with your hearing at school/college, please write them here:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Do the teachers help you with your hearing at school?

Yes No

1. Do you need more help at work to hear the teachers and other children?

Yes No

1. Is there anything else that would help you at school?

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………