



## ESSEX SEND Information, Advice and Support Service

### Meeting Planner

#### Child/ Student Information

Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Education Setting Attended \_\_\_\_\_ Year group \_\_\_\_\_

How is your child being supported?

SEN Support  EHCP  EHC Needs Assessment

How the education setting (pre-school, school, FE college) is evidencing the support:

What are your child's Special Education, Health or Social Care Needs?

---

---

---

---

#### Parent/Carer Information

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Address \_\_\_\_\_

Agreed date, time and venue for meeting:



Do you give consent for the information on this form to be shared?

Yes

No

**Arrangements for Meeting**

- Who would you or your child like to be at the meeting?

**Appreciation: Me and School/FE Setting (Student's own views)**

What I like and admire about me:

Things that my parents/carers like and admire about me:

Things that I like in school:

Things that are working well in school and I would like to carry on:

What helps and supports me in school?



What do I want to be able to achieve?

What things do I find hard in school?

What is not working well at school and could/should stop?

**Appreciation: Me and My Child/Young Person (Parent/carer views)**

What is important to me and my child?

How best I think my child could be supported?

What outcomes I would like for my child?

The issues I would like to discuss:



<b><u>ACTION PLAN</u></b>	Objective 1	Objective 2	Objective 3
What needs to happen?			
When will this happen?			
Who will do it?			
How will we know if it is working?			
When will we review it?			