



**EHE record of discussion**

<b>Name:</b>	<b>DOB:</b>
	<b>YR Group:</b>
<b>Address:</b>	

<b>Name of parent/carer:</b>
<b>E-mail:</b>

<b>Reason for EHE:</b>
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**Does the young person have an EHCP? Yes No**

<b>Attitude to learning e.g. confident, expressive, engaged, happy, motivated</b>

<b>Self awareness e.g. interaction with others, hobbies, interests, skills, self improvement</b>

<b>Awareness of life skills e.g. management of money, self-care, positive outlook, healthy, problem solving, creative thinking</b>

**Summary of Learning**

- shows progress since last year – please show examples
- mix of skills (practical, written, artistic)
- challenging – problem solving, research
- age/ability appropriate work/resources) – please show examples

**Summary of discussion, including any plans for the next 6-12 months:**

**Advice/signposting offered where applicable:**

- SEN local offer
- Careers
- Training Provider

**Child/Young Person's Views**

**Educational Provision**

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**Other Comments you wish to make**

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<b>Parent Signature</b>
<b>Date</b>

<b>Name of reviewing officer</b>
<b>Signature</b>
<b>Date</b>