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

**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** |  |
| **Attendees**  **(names and designation)** |  |
| **Apologies**  **(names and designation)** |  |

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| **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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|  |  |
| --- | --- |
| Name of person completing 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.