**Social Care/Early Help Questionnaire**

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| As part of the Education, Health and Care Assessment process, the Local Authority is required to determine if there are any unmet social care needs.  The purpose of this questionnaire is to ensure that any current or historic social care/early help intervention that may have an impact on the child/young person’s education are gathered appropriately and considered as part of a statutory assessment request.  **This questionnaire should be completed by/with the parent/carer of the child/young person undergoing statutory assessment for an Education, Health and Care plan and returned to** [**senteam@dudley.gov.uk**](mailto:senteam@dudley.gov.uk) **.** | | |
| **Child/Young Person’s Name:** | |  |
| **Date of Birth:** | |  |
| **Address:** | |  |
| **Name of parent /carer where the child currently resides.** | |  |
| **Name of all parents with parental responsibility and contact email.** | |  |
| **Current Educational Setting (if applicable):** | |  |
| **Is the child currently known to social Care? If so, please give details of the current social worker, their contact details, and the child’s care status:** | | |
| Details of any social care or early help intervention currently in place. | | |
| Has the child or their family ever been known to social care or early help? | | |
| Yes | | No |
| If Yes, please provide details ie. Why, when, level of involvement etc. | | |
| Are there any current concerns regarding the child’s social care needs? | | |
| Yes | | No |
| If yes, please give the details and any action taken | | |
| Is there any other family history you would like to share? | | |
| Yes | No | |
| If yes, what? |  | |
| Is there anything else you think we should know? | | |
| Yes | No | |
| If yes, what? | | |
| **Declaration**   * All information within this questionnaire is true and accurate at the time of writing * I am aware that the information within this questionnaire may be shared with the   appropriate and necessary professionals involved in the Education, Health and Care  Assessment process. | | |
| Name:  Parent/Carer:  Signed:  Date: | Name:  Job title:  Signed  Date: | |