ELECTIVE HOME EDUCATIONSummary of Initial Contact with family

Date of contact

Caseworker Name

Child Name:	Address:	Date of birth:
Student Id:		Gender:
Ethnicity Code:		
	Postcode:	Year Group:
Parent / Carers Contact Details Name;	Does family wish to be involved with LA EHE networking? YES/NO	Family permission obtained to share information with other services e.g. Health YES/NO
Email:		
Telephone Number:		
Name of previous School:	Attainments	Details
Has child any SEN?	Yes/No	Details; EHC plan? K-Support?
Date LA informed of EHE		
BACKGROUND INFORMATION OBTAINED FROM		
PREVIOUS EDUCATIONAL SETTING Has child been removed from school roll?		Yes/No Date removed:
Is school place open for 20 school days?		Yes/No

Any Safeguarding concerns?	Yes/No	
	Details:	
Competed Liquid Logic Check?	Yes/No	
	Details	
Any Health concerns?	Yes/No	
	Details;	
Any Attendance issues?	Yes/No	
	Details:	

SUMMARY OF CONTACT

MCC access to home YES/NO Family Engaged YES/NO Child seen by MCC YES/NO

Reason for EHE (highlight)

Dissatisfaction with the system (including SRE)

Not preferred school

School not meeting need

Interim whilst awaiting preferred school

Bullying

School/Parents misunderstanding of EHE principles

Religious and cultural beliefs

Philosophical or idealogical views

Short term intervention for particular reason

Special needs

Child unwillingness or inability to go to school

Parent/Carer desire for a closer relationship with their children

Health reasons

Please indicate any circumstances surrounding family's decision to educate at home?

Plans for education

Does child present as Engaged and Content with choice for home education? **Yes/No** Is child included in educational planning? **Yes/No**

Has child any identified learning needs

Education Health and Care Plan

K = Supportfor any other learning needs

<u>Learning Resources</u>
Use of various IT equipment? Computer/Laptop, ipad, table, Smartphone?
What software, sites and ICT packages will be used?
Will Functional Skills be included for English, Maths and ICT?
Any Involvement with EHE community, groups and activities?
Supported learning through tutors, supplementary school or other setting?
Plans for learning to stay within the national curriculum principles?
What are the child's Interests and hobbies?
Plans for Socializing/Outdoor activities?
Plans for a return to mainstream education Yes/No
Outcome of Assessment
Education Suitable Education presently not suitable, LA recommendations (details)? Education Not suitable (Why)?
Agreed Next contact: 12mths, 6mths, Other?
Date handover for ongoing liaison

ONGOING PROGRESS REPORT

Date of contact	
Name of EHE Officer	
SUMMARY OF REVIEW	
MCC access to home Family Engaged Child seen by MCC Child presents as engaged and Is child included in educational	Yes/no Yes/no Yes/no content with home education? Yes/no planning? Yes/no
1 - 3	Date Date
Evidence available to indicate Chil	d made/making progress Yes/No
Educational progress	
English	
Maths	
Science	
ICT	
Functional Skills	

Child's name

Activities/Hobbies and groups
Next Steps
Any Useful information to share with other families
Any support requested
Any Actions for EHE Officer
Continue as Home education Suitable Yes/No
Date for Next contact
No longer suitable (Why)
Date child no longer EHE