|  |  |
| --- | --- |
| **Essential Information** *and where to find it*  | Is it complete? |
| ***For initial EHAPs and EHAP Reviews*** |
| The **date** the family agreed with the completed EHAP has been **completed.** *Top of Page 1* |[ ]
| Each column of the **child(ren’s) details** has been **completed** **in full**. *Section 1. Family Details* |[ ]
| Each column of the **adults/carers/guardian’s details** has been **completed** **in full**. *Section 1. Family Details* |[ ]
| The **Lead Professional** has been identified and that person’s details have been **completed in full**. *Section 1. Details of the people who are supporting the family* |[ ]
| Al**l 3** **drop-down boxes** regarding **consent** have been **completed**. *Section 5. Consent and Signatures* |[ ]
| The **Assessor**’s information has been **completed in full**. *Section 5. Consent and Signatures* |[ ]
| The EHAP has been **signed** by the **parent/carer/guardian**, **child/young person**, and the **Assessor**.\*Signatures can typed as long as the individual has read the EHAP or EHAP Review and agrees with what has been written and decided.*Section 5. Signatures.* |[ ]
| ***Additional information for EHAP Reviews*** |
| The **date** of the **previous review** has been **completed**. \*If it is the first review, this date can be the date the family agreed with the initial completed EHAP.*Top of Page 1* |[ ]
| The **date** of **this review** has been **completed**. *Top of Page 1* |[ ]
| The **review number** has been **completed**. *Top of Page 1* |[ ]
| If it has been **identified** if the EHAP is **closing** at this review or if the EHAP is **staying open**. *2b. Ending the Early Help Assessment and Plan* |[ ]



The **essential information** above is **required** for the EHAP and EHAP Review to be uploaded to the Local Authority system. **All sections** of the EHAP and EHAP Review should be **completed in full** to ensure that the EHAP and EHAP Review are as **effective** and **robust** as possible.

For the **EHAP** and **EHAP Review** to be **complete**, there is **essential information** that must be included. If this information is **missing**, the EHAP will be **returned** for you to **add** and **resubmit**.

***To ensure that all essential information has been included,***

***please refer to the following checklist:***

**Early Help Assessment and Plan (EHAP)**

**and**

**EHAP Review**

**Checklist**