Community-led EHAP Closure form

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| Family details |
| Name of the child/ren | Address | D.O.B |
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| EHAP details |
| Date EHAP started: | Number of EHAP reviews: |
| Date EHAP closed: |
| Name of Lead Professional: |
| Name of setting/organisation: |

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| EHAP progress and outcomes |
| Why was the EHAP started? |
|  |
| Summary of the support and interventions offered through the EHAP |
|  |
| Summary of the progress made and outcomes that have been met through the EHAP |
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| Why is this EHAP closing? |
|  |
| Parent’s comments and views (Copied from final review) | Voice of the child(Copied from final review) |
|  |  |
| Any other comments… |
|  |

If EHAP funding was applied for through this EHAP, please complete the section below.

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| EHAP funding |
| How much EHAP funding did you apply for? |
|  |
| What was the EHAP funding used for? |
|  |
| What was the impact of this intervention? What progress/improvements were achieved? |
|  |
| Was this intervention good value for money and would you use it again/recommend to others? |
|  |
| Any other comments… |
|  |

Thank you for the support that you have provided for this family through the EHAP process.