Community-led EHAP Closure form

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

|  |  |
| --- | --- |
| 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 | |
|  | |
| 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.

|  |
| --- |
| 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.