**Planned Visits to new/shared and current setting**

|  |  |
| --- | --- |
| **Date of Visit** | **Aim of Visit** |
|  |  |
|  |  |
|  |  |
|  |  |

**Additional Information for new setting to be aware of:**

**EHC Needs Assessment/Plan**

Has an Education Health Care Plan been Requested? **Yes/No**

Is it in process? **Yes/No**

Completed and in place? **Yes/No**

Declined? **Yes/No**

**Inclusion/Transition Funding**

Has the setting been in receipt of funding to support inclusion for this child?

(Please provide dates and level of support provided).

**Early Help**

Has there been an Early Help Assessment completed for the family? Yes/No

Is the Early Help Assessment still active? Yes/No