**EHE Check List**

**Name of child/children:**

**DOB:**

**Year Group:**

**Address:**

**Parent/carer (DOB):**

**Contact details:**

**Email:**

**EHE since:**

**Previous EHE visits/info:**

|  |  |  |
| --- | --- | --- |
| Why did you decide to EHE? |  |  |
| Do you feel you were encouraged/discouraged to home educate by school? |  |  |
| How are you providing EHE? i.e. tutor, structure, follow curriculum, autonomous. |  |  |
| What resources have you used/plan to use i.e. Internet, purchase books, library |  |  |
| Varied curriculum? Tracking and progress  |  |  |
| Does your child have any special educational needs or disabilities issues that may affect their learning? How are these needs being met? |  |  |
| Have you incorporated some form of exercise, physical activity into your plan? |   |  |
| Social aspects Friendship groups, opportunities for developing new friendships |  |  |
| Voice of child- Child’s view. |  |  |
| What plans have you made? Looking ahead to future i.e. will always be EHE, return to school, exams |  |  |
| Any other points of discussion /information if applicable Any other agencies involvedChild employmentCareer path/opportunities |  |  |

Completed by (Parents Name): Date: