**Multi-agency Early Help Assessment Tool (EHAT)**

Before undertaking an Early Help Assessment
always check if an EHATalready exists.

Guidance notes for completing this
assessment can be access via [www.sutton.gov.uk/earlyhelp](http://www.sutton.gov.uk/earlyhelp)

The Early Help Team can be contact to provide advice and support on
020 8770 6001 or CFCS@sutton.gov.uk.

|  |  |
| --- | --- |
| **Date Assessment Started:** |  |

 **About the professional completing the assessment:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  |  | **Agency:** |  | **Telephone Number:** |  |
|  |  |  |  |
| **Job Title:** |  |  | **Email Address:** |  |

 **About the assessment:**

|  |
| --- |
|  |
| **Primary Reason:** | Please choose an item, there must be at least one reason picked from the list. |  | **Who’s present at assessment:** |  |

 **Section A - Focus of Early Help Assessment:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child / Young Person’s Name:** |  |  **Address:** (please include postcode) |  |
|  |
| **Child / Young Person’s Name (Known as):** |  | **Date of Birth/EDD**: |  |  **Do they have a disability or \_special education need?** | [ ]  No [ ]  Yes  **please specify:** |  |  |
|  |
| **Gender:** | [ ]  Boy [ ]  Girl | **Ethnicity:** | Choose an item. | **Religion**: |  | **UPN/NHS Number:**(If known) |  |

 **Additional Children / Young People living in household:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | **Also known as:** | **Date of Birth/EDD:** | **Gender:** | **Religion:** | **Ethnicity:** | **UPN/NHS Number:** | **Disability:** |
|  |  |  | [ ]  Boy [ ]  Girl |  | Choose an item. |  |  |
| 0 |
|  |  |  | [ ]  Boy [ ]  Girl |  | Choose an item. |  |  |
|  |
|  |  |  | [ ]  Boy [ ]  Girl |  | Choose an item. |  |  |
|  |
|  |  |  | [ ]  Boy [ ]  Girl |  | Choose an item. |  |  |

**Section B - Family Household Members:**

 **Child / Young Person’s Principle Carers living in household:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  **Parent or Carer Name:** |  |  | **Relationship to child / Young Person:** |  |  | **Parental Responsibility:** | ☐ Yes ☐ No |
|  |  |  |  |  |  |
|  **Contact Number:** |  |  | **Email Address:** |  |
|  |  |  |  |
| **Gender:** | [ ]  Male [ ]  Female | **Ethnicity:** | Choose an item. |  | **Religion**: |  |  | **Disability:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  **Parent or Carer Name:** |  |  | **Relationship to child / Young Person:** |  |  | **Parental Responsibility:** | ☐ Yes ☐ No |
|  |
|  **Contact Number:** |  |  | **Email Address:** |  |
|  |
| **Gender:** | [ ]  Male [ ]  Female | **Ethnicity:** | Choose an item. |  | **Religion**: |  |  | **Disability:** |  |

**Any other Significant People living within household:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parent or Carer Name** | **Relationship to child / YP** | **Gender** | **Ethnicity** | **Religion** | **Disability** |
|  |  | ☐ Female ☐ Male | Choose an item. |  |  |
|  |
|  |  | ☐ Female ☐ Male | Choose an item. |  |  |
|  |
|  |  | ☐ Female ☐ Male | Choose an item. |  |  |
|  |
|  |  | ☐ Female ☐ Male | Choose an item. |  |  |

**Other Significant People (not living in the household):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to child / YP** | **Gender** | **Ethnicity** | **Religion** | **Disability** |
|  |  | ☐ Female ☐ Male | Choose an item. |  |  |
|  |
|  |  | ☐ Female ☐ Male | Choose an item. |  |  |
|  |
|  |  | ☐ Female ☐ Male | Choose an item. |  |  |

**Section C - Known issues within the family:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Known Issues** | **Parent** | **Child / YP focus of the assessment** |  | **Other significant People / Child / YP** (Please provide name) |
| Anti-social Behaviour |  |[ ]   |  |[ ]   |  |  |[ ]
| Behaviour |  |[ ]   |  |[ ]   |  |  |  | [ ]  |
| Benefits / low income |  |[ ]   |  |[ ]   |  |  |[ ]
| Crime |  |[ ]   |  |[ ]   |  |  |[ ]
| Domestic Violence and Abuse |  |[ ]   |  |[ ]   |  |  |[ ]
| Emerging or Undiagnosed Developmental Difficulties or Delay |  |[ ]   |  |[ ]   |  |  |[ ]
| Family Relationship/ Breakdown/ Conflict |  |[ ]   |  |[ ]   |  |  |[ ]
| Inadequate housing |  |[ ]   |  |[ ]   |  |  |[ ]
| Mental Health |  |[ ]   |  |[ ]   |  |  |[ ]
| Not in Education, Employment or Training |  |[ ]   |  |[ ]   |  |  |[ ]
| Parenting Issues |  |[ ]   |  |[ ]   |  |  |[ ]
| Physical Health |  |[ ]   |  |[ ]   |  |  |[ ]
| Poor School Attendance |  |[ ]   |  |[ ]   |  |  |[ ]
| Refugee / Asylum Seeker/ No Recourse to Public Funds |  |[ ]   |  |[ ]   |  |  |[ ]
| School Exclusion |  |[ ]   |  |[ ]   |  |  |[ ]
| Self-Harm / Suicide |  |[ ]   |  |[ ]   |  |  |[ ]
| Social Isolation |  |[ ]   |  |[ ]   |  |  |[ ]
| Special Educational Needs and Disabilities  |  |[ ]   |  |[ ]   |  |  |[ ]
| Substance Misuse |  |[ ]   |  |[ ]   |  |  |[ ]
| Unresolved Loss / Grief |  |[ ]   |  |[ ]   |  |  |[ ]
| Young carer |  |[ ]   |  |[ ]   |  |  |[ ]
| Other reason (please list below): |  |[ ]   |  |[ ]   |  |  |[ ]
|  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Are the Parents or child/ young person involved in crime or antisocial behaviour?** | **2. Has the child / YP not been attending school regularly?** | **3. Is the child / young person in need of help?** | **4. Are the parents out of work or at risk of financial exclusion? Or is the young people at risk of worklessness?** | **5. Have the family been affected by domestic violence and abuse?** | **6. Do the parents, child or young person have a range of health problems?** |
| Yes [ ]  No[ ]  | Yes [ ]  No[ ]  | Yes [ ]  No[ ]  | Yes [ ]  No[ ]  | Yes [ ]  No[ ]  | Yes [ ]  No[ ]  |

**Give details of legal status/immigration status regarding any of the people to be included in this assessment:**

|  |
| --- |
|  |

**Give details of communication needs:**

|  |
| --- |
|  |

**Section D – Special Educational Needs and Disabilities of the Child:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Does the child have an Education, Health and Care Plan or Statement**? | [ ]  Yes [ ]  No |  | **If Yes, what is the primary need?** |  |
|  |
| **Is there an Education, Health and Care Plan in process?** | [ ]  Yes [ ]  No |  | **Is the child/young person registered with iCount?** | [ ]  Yes [ ]  No |  | **Are you applying for short breaks?** | [ ]  Yes [ ]  No |



**Section E – Education - Please give details of the child / young person’s School attendance and the last 3 terms:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Child** | **School** | **Term 1** (Current) | **Term 2** | **Term 3** | **Reason for low attendance** (If known / applicable) |
|  |  |  |  |  |  |

**Additional Children Child/ Young People living in household:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Child** | **School** | **Term 1** (Current) | **Term 2** | **Term 3** | **Reason for low attendance** (If known / applicable) |
|  |  |  |  |  |  |
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**Section F – VPP - Only complete this section if you wish the child/young person to be discussed at the vulnerable pupil panel (VPP). If you do not wish the child/young person to be discussed at vulnerable pupil panel please move to section G**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of Admission:** |  | **School:** |  | **Year Group:** |  |

**Request for:** *(please select all that are applicable)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Additional Support / Advice:**  | [ ]  | **CARE:** | [ ]  | **Respite:**  | [ ]  | **Outreach:** | [ ]  | **Other:**  | [ ]  |  | **Other please list reason:** |  |

|  |  |
| --- | --- |
| **How do you feel the request would have an impact?** |  |
|  |
| **What is the desired outcome?** |  |

 **Category of need:** *(Fill in 1 for Primary Need, 2 for any secondary need; N for where level of need is within normal range within mainstream school*

|  |  |  |  |
| --- | --- | --- | --- |
| **Communication and interaction** | **Cognitive and learning** | **SEMH difficulties** | **Sensory and/or physical needs** |
| SLCN: |  | ASD: |   | SpLD: |  | MLD: |  | SLD: |  | PMLD: |  | SEMH: |  | VI: |  | HI: |  | MSI: |  | PD: |  | OD: |  |
|  |

**Exclusion and reason:** *(If more than 5, only record the last 5)*

|  |  |  |
| --- | --- | --- |
| **Internal Exclusion** |  | **Fixed Term Exclusion** |
| Total number of internal exclusions: |  | Total number of fixed term exclusions: |  |
|  |  |
| Total number of internally excluded days: |  | Total number of fixed term excluded days: |  |
| **Date** | **Days** | **Reason** | **Date** | **Days** | **Reason** |
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**Permanent Exclusion**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **Reason:** |  |

 **Prior Attainment Information:**

 **EYFS (Prior to September 2012 EYFS (From September 2012)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Area of learning** | **Aspect** | **Score** |  | **Area of learning** | **ELG** | **Aspect** | **Score** |
| **Personal, Social and Emotional Development** | Dispositions & Attitudes |  | **Communication and Language** | ELG 01 | Listening and attention |  |
| Social Development |  | ELG 02 | Understanding |  |
| Emotional Development |  | ELG 03 | Speaking |  |
| **Communication, Language & Literacy** | Language for Communication & Thinking |  | **Physical Development** | ELG 04 | Moving and handling |  |
| Linking Sounds & Letters |  | ELG 05 | Health and self-care |  |
| Reading |  | **Personal, Social and Emotional Development** | ELG 06 | Self-confidence and self-awareness |  |
| Writing |  | ELG 07 | Managing feelings and behaviour |  |
| **Problem solving, reasoning and numeracy** | Numbers as Labels and for Counting |  | ELG 08 | Making relationships |  |
| Calculation |  | **Literacy** | ELG 09 | Reading |  |
| Shape, Space and Measures |  | ELG 10 | Writing |  |
|  | Knowledge and Understanding of the World |  | **Mathematics** | ELG 11 | Numbers |  |
| Physical Development |  | ELG 12 | Shapes, Space and measures |  |
| Creative Development |  | **Understanding the world** | ELG 13 | People and communities |  |
|  | ELG 14 | The world |  |
| ELG 15 | Technology |  |
| **Year 1 Estimated / Actual:** | **Expressive Arts and Design** | ELG 16 | Exploring & using media & materials |  |
|  | **Teacher Assessment** | **Key Stage 1** | **Key stage 2** | ELG 17 | Being imaginative |  |
|  |
|  **Date:** |  |  |  | **Key Stage 4 (expected)** |  | **Date:** |  |
|  | **Score** | **Score** | **Score** | English |  | Other |  |
| **English – Y1 Phonics Check** |  /40 |  |  | Mathematics |  | Other |  |
| **English – Sp & List** |  |  |  | Science |  | Other |  |
| **English - Reading** |  |  |  | Other |  | Other |  |
| **English - Writing** |  |  |  |  |
| **English - Mathematics** |  |  |  | **Other Relevant Scores** |
| **English - Science** |  |  |  | **Date** | **Test** | **Result** |
|  | **Key Stage 2 Validated Test Results** |  | *e.g. Reading/Spelling Age* |  |
| **Reading:** |  |  |  |  |
| **SPAG:** |  |  |  |  |
| **Mathematics:** |  |  |  |  |

**Section G – The Family’s Story – Background information:**

**About the Child / Young person – Any information in relation to the health and developmental needs of the child/young person:**

|  |
| --- |
|  |

**About the other Children / Young people within the household – Where relevant any information in relation to the health and developmental needs of the other children / young people:**

|  |
| --- |
|  |

**About the Family - Any events or factors which have impacted on the child, parent or family life. Please include information about any conflict within the family:**

|  |
| --- |
|  |

**What else is affecting the Family – Any information in relation to the living conditions, housing, employment status, finance, legal status and use of community resources and networks:**

|  |
| --- |
|  |

**Parenting – Any information in relation to basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries and stability:**

|  |
| --- |
|  |

**Section H - Professional relationships/Agencies Involved:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **First Agency** |  | **Second Agency** |  | **Third Agency** |  | **Fourth Agency** |  | **Fifth Agency** |
| **Name:** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Agency:** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Job Title:** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Telephone Number:** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Email:** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Family Member worked with:** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Work undertaken:** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Outcome:** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Involvement:** |  | [ ]  |  | Current PreviousOn referral to |  |  | [ ]  |  | Current PreviousOn referral to |  |  | [ ]  |  | Current PreviousOn referral to |  |  | [ ]  |  | Current PreviousOn referral to |  |  | [ ]  |  | Current PreviousOn referral to |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Section I – Child, Young Person and Family View:**

**Child / Young Person’s views:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **What does the child / young person think is going well?** |  | **What does the child / young person think is not going well?** |
|  |  |  |
| **Child / young person’s comments about this assessment:** |  | **Other Children / young people’s comments about this assessment:** |
|  |  |  |

**Where does the child / young person rate their situation at the moment?**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  | **Child’s rating** | **Young Person Rating** |
|  | **Please use one row per Child / Yong person P** |  |  | **Stuck**Don’t know what to do | **We know what needs to happen**Moving in the right direction | **Doing well**Feeling hopeful & positive |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Name:** |  |  | **R** |  |  | **A** |  |  | **G** |  |  | **1** |  |  | **2** |  |  | **3** |  |  | **4** |  |  | **5** |  |  | **6** |  |  | **7** |  |  | **8** |  |  | **9** |  |  **10** |
|  |  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |
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|  |  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |
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|  |  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |
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|  |  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |
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**Parent or Carer views:**

|  |  |  |
| --- | --- | --- |
| **What does the parent or carer think is going well?** |  | **What does the parent or carer think is not going well** |
|  |  |  |
| **Parent or carer comments about this assessment:** |
|  |

**Where does the parent or carer family rate their family situation themselves at the moment?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Please use one row per Parent/Carer** | **Stuck**Don’t know what to do | **We know what needs to happen**Moving in the right direction | **Doing well**Feeling hopeful & positive |
|  |
| **Name** |  **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
|  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |
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|  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |
|  |

**Section J – Professional Analysis:** Drawing on your assessment and the views of the family what is you professional analysis of the current situation overall:

|  |  |  |
| --- | --- | --- |
| **What is working well?** |  | **What is not working well?** |
|  |  |  |
| **What is unknown?** |  | **What needs to change?** (This section will feed into the Action Plan) |
|  |  |  |

 **Where would you currently rate the family at the moment?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Family are stuck**They don’t know how to make change | **Family know what needs to change**They are starting to make changes | **Family are doing well**The family are able to sustain change  |  |
|  |
|  |  | **1** |  |  | **2** |  |  | **3** |  |  | **4** |  |  | **5** |  |  | **6** |  |  | **7** |  |  | **8** |  |  | **9** |  |  | **10** |  |  |
|  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  |
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**Section K – Planning for Change:**

**Team Around the Family / Team Around the Child**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have you identified that a TAF / TAC Meeting is required?** | [ ]  Yes [ ]  No |  | **Proposed date of meeting as agreed with family:** |  |

|  |  |
| --- | --- |
| **Who needs to be invited to the TAF Meeting:** |  |
|  |

**Action Plan:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Desired Outcome** | **Action** | **Who is going to do it?** | **By when?** |
|  |  |  |  |
|  |  |  |  |
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 **Section L – Information Sharing Agreement:**

You are asked to consent to personal information about you/your child being shared with other agencies. All agencies involved in providing services are required by law to cooperate to improve the wellbeing of children and young people, but require your consent to do so. The purpose of sharing information is to enable gather a better understanding of strengths and needs. It will also avoid you having to repeat the same information to several people or agencies.

Information already held or collected during an assessment may be shared with relevant others. This information may include details about you/your child’s health, welfare and development, home or family circumstances. To ensure that the best possible outcomes are achieved and the right support is put in place the lead professional may also to complete an EHAT Review (EHAT-R) and EHAT Closure (EHAT-C).

In some circumstances, information can be shared between agencies without consent, for example where sharing information might prevent a crime or safeguard the welfare of a child or young person. Even in these circumstances, it is normal practice to obtain consent where possible.

Completed EHAT, EHAT-R and EHAT-C forms are held by the London Borough of Sutton. Your information may be anonymised for research purposes and to improve the services we offer to families in Sutton.

**Consent:**

* I understand that this form will go with my child between settings and will be shared with anyone involved with my child to ensure they continue to get the support that they need.
* I confirm that I have read and understood the above statement. By signing this form I am accepting the terms of this Information Sharing Agreement.

|  |  |  |
| --- | --- | --- |
| **Parent / Young Person’s Name:** | **Parent / Young Person’s Signature:** | **Date:** |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Name of person completing this form:** | **Signature:** | **Date:** |
|  |  |  |  |  |

**THIS EARLY HELP ASSESSMENT WILL BE REVIEWED BY NO LATER THAN:**

**Submitting your Early Help Assessment Tool:**

Please send your completed assessment to CFCS@sutton.gov.uk for inclusion on the register. **Important information
Short Breaks** - If you require short breaks from the Children with Disabilities Service, please also send your assessment to CFCS@sutton.gov.uk.
**Primary VPP -** If you require the child to be discussed at the Primary VPP, please also send your completed assessment to vpp@cognus.org.uk.