

**ELECTIVE HOME EDUCATION**

**Record of Discussion**

**SECTION 1: Office Use Only**

|  |  |
| --- | --- |
| Name of EHE Link Worker |  |
| Name of child |  |
| Date of birth |  |
| Persons present during the visit |  |
| Venue |  |
| Date, time and duration of visit |  |
| First Visit | YES  NO |

**EHE Reasons** (please confirm reasons with the family and make sure they understand that the information is used for reporting purposes)

|  |  |  |
| --- | --- | --- |
| Was home education discussed with the school prior to removal from roll? | YES | NO |
| Was home education suggested by school as an option? | YES | NO |
| If yes, would home education have been considered if it had not been suggested by the school? | YES | NO |
|  | Multiple reasons | Main reason |
| Distance/access to local school |  |  |
| Religious or cultural beliefs |  |  |
| Philosophical or ideological beliefs |  |  |
| Dissatisfaction with the system |  |  |
| Bullying |  |  |
| Short term measure due to personal issues |  |  |
| Special educational needs |  |  |
| Parents’ desire for a closer relationship with their children |  |  |
| Other (please specify) |  | |

**EHE Type** (please indicate main type)

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Autonomous |  | Not academic based |  |
| Career Focussed |  | Flexible timetable |  |
| Distance Learning |  | National Curriculum |  |
| Exam Focussed |  | Project based |  |
| Highly Structured/timetabled |  | Religion based |  |
| Internet based |  | Workbook schemes |  |
| Other (please specify) |  | |

**SECTION 2 – to be sent to parents/carers within 7 working days of visit (insert this section into parent letter). Please ask parental permission to talk to the child about their views and explain there is no obligation to provide this information.**

|  |  |
| --- | --- |
| **Learning environment and resources** | |
| **Programme of activities** | |
| **Child’s attainment and progression** | |
| **Child’s views on home education and aspirations** | |
| **Social Experience** | |
| **Conclusion and recommendations** | |
| **Agreed method of next contact (if necessary/requested):**  **Visit/email/phone call/letter (delete as appropriate)**  **Date of next contact:** | |
| **Referral made to:**  **Hub**  **County Attendance Team** | YES  NO  YES  NO |

|  |
| --- |
| **SECTION 3 – Reference purposes only**  **Date of next contact (general guide):**  Satisfactory = annual contact  Provisionally satisfactory = twelve school weeks  Unsatisfactory = four school weeks  After second satisfactory visit = annual request for update by phone (Link Worker) or written request for update (Lead EHE Officer). Link Worker to agree with parents/carers.  If at follow up to unsatisfactory visit education remains unsatisfactory, complete referrals as appropriate to:   * Hub (if parents/carers agree education is unsatisfactory and support is needed with return to school or Thriving Families/PCAMHS/CAMHS are working with the child).   or   * County Attendance Team (if sufficient opportunity has been given to informally address issues). |

**SECTION 4 – EHE HEALTH AND SAFETY RISK ASSESSMENT**

EHE Link Workers are required to complete and act on a Risk Assessment for every case and keep it updated when there are changes in circumstances.

The Lead EHE Officer also requests risk assessments from schools and sends these to EHE Link Workers when received. EHE Link Workers must pursue any risk assessments not received directly with the school.

Date of risk assessment:      ……..

EHE Link Workers should liaise with schools or other agencies in completing the risk assessment as appropriate.

No known risks

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Risk Posed** | **Risk** | | | **Measures to be taken to reduce risk** | **Action taken (please tick)** |
| **High** | **Med** | **Low** |
| Previous history of aggression – child and/or parent |  |  |  | Consider joint visit with colleague |  |
| Threatening environment |  |  |  | Ensure mobile phone is available  Log visit with relevant LA Officer  Carry personal alarm  Do not proceed with visit if uncomfortable with situation |  |
| Known drugs/drink abuse |  |  |  |
| Possible drugs/drink abuse |  |  |  |
| Other (please specify, e.g. dangerous animals) |  |  |  |