**London Borough of Merton**

**Elective Home Education**

**PROPOSAL BY PARENT(S) / GUARDIAN(S) TO EDUCATE THEIR CHILD AT HOME WHERE THE CHILD HAS AN EDUCATION, HEALTH AND CARE PLAN (EHCP)**

Name of Child*......................................................................……………………………..*

Date of Birth............................... Gender …………………………..

Ethnicity…………………… Date commencing home education ……………………….

Name of Parent(s)/Guardian(s) proposing to educate their child at home?

(1).................................................................………………………………..

(2).................................................................………………………………..

Name & date of birth of other children (0-18) in home/siblings and current education provision

…………………………………………………………………………………………………..

…………………………………………………………………………………………………...

Home address..................................................................................................................

.........................................................................................................................................

Telephone number......................................................................................................

Email address…………………………………………………………………………………

Address where the child is to be educated (if different from above) ............................................................................................................................................................................…………………………………………………………………… Previous and current schools attended (if any).............................................................

......................................................................................................................................

......................................................................................................................................

If you have home educated the child/children noted above or any other children in the past

Please give details?

………………………………………………………………………………………………………..

………………………………………………………………………………………………….

1. Outline the way you intend to approach the child’s education
2. Curriculum proposed - (See (j) and (k) of guidance notes) e.g.subject/area, content, resources, parents or tutor

|  |  |
| --- | --- |
| 4. | Methods to be used - teaching and learning strategies planned; how the work is to be recorded; |
|  | and whether arrangements are to be made for external examinations, if appropriate. |
|  |  |
| 5. | Patterns of work - timetable/diary. |
| 6. | Visits - Arrangements made to give child experience of interest outside of the home to include |
|  | the local/wider environment. |

|  |  |
| --- | --- |
| 7. | Social Contacts/Physical Activity - arrangements to be made for play, games, clubs, societies |
|  | or groups. |
| 8. | Agency contact - Either statutory or voluntary (e.g. Educational Welfare Officer, |
|  | Elective Home Education, etc). |
| 9. | **As your child an EHCP, the Local Authority has a statutory duty to check on the actions/progress towards meeting the educational outcomes in a child’s EHC Plan. The actions/progress will subsequently be reviewed by the Local Authority.**  **Outcome One**  Actions:  Progress:  **Outcome Two**  Actions:  Progress: |

|  |
| --- |
| **Outcome Three**  Actions:  Progress:    **Outcome Four**  Actions:  Progress:  **Outcome Five**  Actions:  Progress:  **Outcome Six**  Actions:    Progress:  **Outcome Seven**    Actions:  Progress:  **Outcome Eight**  Actions:  Progress:  **Outcome Nine**  Actions:  Progress:    **Objective/Outcome Ten**  Actions:  Progress: |

**Declaration and signature of Parent/Carer**

I understand that you may:

* 1. Check the information I have provided against other information held about me or my child.
  2. Share information with Education, Training, Employment Team (ETE) for any child over the age of 13 years.
  3. Share information with School Nursing to enable a service to be offered to the home educated child
  4. Share information with Social Care, the Health Authority and the Police where necessary
  5. Not share any information about me or my child unless the law allows us to do so.

Parent signature:

Date:

Please return this form to the Education Welfare Service, London Borough of Merton, 10th Floor Civic Centre, Morden Road, Surrey SM4 5DX.