**Early Help Assessment (EHA) Closure Form**



Please ensure the following information is contained in this form:

* The full list of outcomes from the original EHA

Evidence, where possible, to verify the outcomes have been met; e.g., **attendance**- please state the current attendance % at the time of closure and the last 2 terms too.

| Child / children’s name and DOB: |  | Locality Area  |  |
| --- | --- | --- | --- |
| EHA Closure Date  |  | Are the Family aware the EHA is closing?  | Y/NIf **No**, please provide information as to why you are closing the EHA without family input.*e.g. single agency response, engagement issues, etc.* |
| Lead Professionals Name  |  | Setting / Role |  |
|  |  |
| **Voice of the Family:** Any family member can include their own comments or feelings on the support they have experienced via the EHA below: |   |

| **Agreed Actions for Support** |
| --- |
| SF indicator and outcome codes  | Desired Outcomes and impact on child  | Met | Partially Met | Not met | Can it be evidenced  | Outstanding worries  | Ongoing Support needs  |
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| A copy of the EHA Closure form must be sent to the CHAT Team via either: | - Anycomms, destination: **Early Help**- Secure email: CHAT@herefordshire.gov.uk |
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