

# EHC Assessment Meeting Feedback Sheet

Initial EHC assessment       Transition EHC assessment

Date:

Your Role:

1. What worked well ( please bullet point ) :

*Continued overleaf*

2. What could have made it work better ( please bullet point):

3. Any other comments :

Thank you for completing this. The responses will be collated to help inform training needs and future developments in the EHC assessment process.

Please hand back your questionnaire to the Lead Professional