

Education, Health and Care Plan

| | | | |
|--|--|----------------|--|
| Child / Young Person's Name: | | Date of birth: | |
| Date of Draft / Final EHC Plan (Delete where appropriate): | | Plan Number: | |

| Details of Child/Young Person | | | |
|-------------------------------|--|---------------|--|
| First Name (s) | | Surname | |
| Date of Birth | | Gender | |
| Home address | | Postcode | |
| Ethnicity | | Religion | |
| Category of need | | SEND Pupil ID | |

| Details of Parent(s) or Person Responsible | | | |
|--|--|--|--|
| Name(s) | | | |
| Relationship | | | |
| Home Address | | | |
| Contact Number(s) | | | |
| Email address | | | |
| Preferred method of communication | | | |
| Preferred method of contact | | | |

| People who support the Child/Young Person | | | |
|---|---|---------------|-----------|
| Name | Role that they play (name of organisation where appropriate) | Email address | Telephone |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Section A: Views, Interests and Aspirations

My One-Page Profile

Name:

What people like about me and what I like about myself

What is important to me:

How I communicate:

How best to support me:

Aspirations: What I would like to do in the future:

How these views were gathered:

Date:

My History

| Child or Young Person's Relevant History |
|--|
| |

Section B: The child or young person's special Educational Needs (SEN)

In this section all of the child/young person's special educational needs must be specified.

| Cognition and Learning |
|------------------------|
| Strengths: |
| Needs: |

| Communication and Interaction |
|-------------------------------|
| Strengths: |
| Needs: |

Social, Emotional and Mental Health

Strengths:

Needs:

Physical, Sensory

Strengths:

Needs:

Independence and Self Help

Strengths:

Needs:

Summary of Needs

Section C: The child or young person's health needs which relate to their SEN

This section sets out the health care needs that have been identified for the child/young person.

| My Health Care Needs |
|----------------------|
| Strengths: |
| Needs: |

Section D: The child or young person's social needs which relate to their SEN

This section sets out the social care needs that have been identified for the child/young person in relation to their SEN.

| My Social Care Needs |
|----------------------|
| Strengths: |
| Needs: |

Section E: Outcomes

Section F: Provision

Set out here a list of the outcomes sought for the child/young person

| (E) Outcomes Sought | (F) Special Educational Needs Provision |
|---------------------|---|
| | |
| | |

| |
|--------------------------|
| General Provision |
| School |
| |
| Review |
| |

Section G: Health Provision

This section sets out health provision reasonably required by the learning difficulties or disabilities which would result in the child/young person having SEN.

| | | |
|--|--------------------------------------|---------------------------------------|
| Outcomes Sought and timescales to achieve | | |
| | | |
| What health support do I need to achieve my outcome? | Who is going to provide the support? | How often is it going to be provided? |
| | | |

Section H1: Social Care Provision

This section sets out any social care provision which must be made resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970.

| What is the identified Social Care issue/concern/need? | Action and support to reduce need/concern | How often and by whom? | What is the desired outcome? |
|--|---|------------------------|------------------------------|
| | | | |
| Review | | | |

Section H2: Social Care Provision

This section sets out any other social care provision reasonably required by the learning difficulties or disabilities which would result in the child/young person having SEN.

| What is the identified Social Care issue/concern/need? | Action and support to reduce need/concern | How often and by whom? | What is the desired outcome? |
|--|---|------------------------|------------------------------|
| | | | |
| Review | | | |

Section I: Education Placement

This section should be left blank on a draft plan, it should be completed when finalising the plan.

| | |
|-------------------------|--|
| Name of School/College: | |
| Type of School/College: | |

Section J: Personal Budget

| | |
|--|--|
| Have the parents/young person requested a personal budget? | |
| Has a personal budget been agreed? | |

| | | |
|--|--------|-------------|
| Who is contributing to the personal budget? | | |
| Education | Health | Social Care |
| What outcomes will be achieved through the benefit of a personal budget? | | |
| | | |
| How will my personal budget be reviewed? | | |
| | | |

Section K: Advice and Information

| | | |
|---|-----------------|-----------------|
| Advice and Information gathered during the EHC needs assessment | | |
| Author of report/information | Type of report: | Date of Report: |
| | | |
| | | |
| | | |
| | | |
| | | |

Date

Signature of authenticating officer

(Type Name)

A duly authorised officer of the local authority