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| **Education, Health and Care Plan** |

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| Young Person |

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| **Draft Proposed Plan date:** |  |
| **Date EHC Plan finalised:** |  |
| **Scheduled Review date :** |  |
| **Date of amendment** |  |

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| **General Information** |

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| **Surname:** | Person | **First Name(s):** | Young |

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| **Preferred Name:** |  | **DOB:** |  |

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| **Gender** |  | **Religion:** |  |
| **Looked after Child** | Yes | **If yes please state which Local Authority** |  |

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| **Address:** |  |

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| **Telephone/Email:** |  |

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| **Parent(s) or Carer(s) Names:** |  | **Name of person with parental responsibility** |  |
| **Relationship to Child/Young Person:** |  | | |

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| **Address (if different from above):** |  |

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| **Telephone/Email (if different from above):** |  |

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| **Name of current setting (early years/school/college/work):** |  |

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| **Education history (previous school/nursery or college attended:** |  |

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| **Name of main contact in current setting:** |  |

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| **Language used at home, state if interpreter required:** |  |

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| **Section A: The views, interests, strengths and aspirations of Young and their parents/carers.** |

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| ***Young’s profile; their journey, views, interests and aspirations.***  ***OR [My journey so far, aspirations and what I would like to do in the future]*** |
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| ***A summary of how Young communicates and how to engage them in decision-making.* *[How I need to be supported to be heard and understood]*** |
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| ***Parent/carer’s aspirations for Young e.g. education, play, health, friendships, sixth form, further education, independent living, university and employment.* *[What my family would like to say]*** |
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| **Section B, E, F - Educational Needs, Strengths, Outcomes and Provision** |

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| **Summary of Needs** |
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| **Communication and Interaction** |
| **Section B - *[A Summary of my Special Educational Needs]***  **Identified Strengths**  **Identified Needs** |
| **Section E - The educational outcomes sought for Young [My Educational Outcomes – the things that are important *to* me and *for* me]**  **Short-term targets will be set by the setting and should be reviewed at least termly or more frequently as determined by the setting with parent and young person where appropriate.** |
| **Outcome E1)**  **By the End of:** |
| **Progress Steps to achieving this outcome:** |
| **Section F: Provision to achieve the Outcomes** |
|  |
| **Assisted by whom:** |
| Setting staff (Senior Leadership Team, Teachers/Tutors, Learning Support Assistants) |

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| **Cognition and Learning** |
| **Section B - *[A Summary of my Special Educational Needs]***  **Identified Strengths**  **Identified Needs** |
| **Section E - The educational outcomes sought for Young [My Educational Outcomes – the things that are important *to* me and *for* me]**  **Short-term targets will be set by the setting and should be reviewed at least termly or more frequently as determined by the setting with parent and young person where appropriate.** |
| **Outcome E2)**  **By the End of:** |
| **Progress Steps to achieving this outcome:** |
| **Section F: Provision to achieve the Outcomes** |
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| **Assisted by whom:** |
| Setting staff (Senior Leadership Team, Teachers/Tutors, Learning Support Assistants) |

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| **Social, Emotional and Mental Health** |
| **Section B - *[A Summary of my Special Educational Needs]***  **Identified Strengths**  **Identified Needs** |
| **Section E - The educational outcomes sought for Young [My Educational Outcomes – the things that are important *to* me and *for* me]**  **Short-term targets will be set by the setting and should be reviewed at least termly or more frequently as determined by the setting with parent and young person where appropriate.** |
| **Outcome E3)**  **By the End of:** |
| **Progress Steps to achieving this outcome:** |
| **Section F: Provision to achieve the Outcomes** |
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| **Assisted by whom:** |
| Setting staff (Senior Leadership Team, Teachers/Tutors, Learning Support Assistants) |

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| **Sensory and Physical Needs** |
| **Section B - *[A Summary of my Special Educational Needs]***  **Identified Strengths**  **Identified Needs** |
| **Section E - The educational outcomes sought for Young [My Educational Outcomes – the things that are important *to* me and *for* me]**  **Short-term targets will be set by the setting and should be reviewed at least termly or more frequently as determined by the setting with parent and young person where appropriate.** |
| **Outcome E4)**  **By the End of:** |
| **Progress Steps to achieving this outcome:** |
| **Section F: Provision to achieve the Outcomes** |
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| **Assisted by whom:** |
| Setting staff (Senior Leadership Team, Teachers/Tutors, Learning Support Assistants) |

For students in Year 9 and above

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| **Preparing for adulthood (including health, community, independence and employment)** |
| **Section B - *[A Summary of my Special Educational Needs]***  **Identified Strengths**  **Identified Needs** |
| **Section E - The educational outcomes sought for Young [My Educational Outcomes – the things that are important *to* me and *for* me]**  **Short-term targets will be set by the setting and should be reviewed at least termly or more frequently as determined by the setting with parent and young person where appropriate.** |
| **Outcomes for preparing for adulthood (to include health, community, independence and employment)**  **By the End of:** |
| **Progress Steps to achieving this outcome:** |
| **Section F: Provision to achieve the Outcomes** |
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| **Assisted by whom:** |
| Setting staff (Senior Leadership Team, Teachers/Tutors, Learning Support Assistants) |

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| **Sections C, G - Health Needs and Provision** |

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| **Summary of the child/young person's health needs which are related to their special educational needs or which may need management in an educational setting** |
| **Section C - Summary of health needs** |
| **Section G – Any health provision reasonably required by the learning difficulties or disabilities which result in Young having SEN, and where an individual health care plan is made for them, that plan.** |

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| **Sections D, E, H - Social Care Needs, Outcomes and Provision** |

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| **Summary of child/young person's social care needs which are related to their special educational needs (taken from social care advice and including links to other plans and personalised support)** |
| **Section D: Young’s social care needs which relate to their SEN**  ***[ A Summary of my Care Needs]*** |
| **Section E - Agreed outcomes** |

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| **Section H1:** *The social care provision which must be made for a child or young person under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA)* |

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| **Social Care provision (including type of placement if relevant)** |  |

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| **Section H2:** *Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN.* |

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| **Social Care provision (including type of placement if relevant)** |  |

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| **Section F: Special educational provision required by Young** | | |
| **Needs and Outcomes Specified in Sections (B) and (E) that link to Provision (F)** | **Provision** | **Provided by whom** |
| Needs B1,B2,B3 and B4 and Outcomes E1,E2,E3 and E4 | **The support provided in the EHC plan by the council is additional to and should complement the resource provided from the schools delegated budget.**  To provide placement for Young Person in a mainstream school with funding equivalent to (amount) learning support hours per week to target the outcomes as specified in Section E.  OR  To provide placement for *Young Person* in a school that can cater for her level of difficulties to target the outcomes as specified in Section E | Local Authority |

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| **Section J: Personal Budget - Including arrangements for Direct Payments**  **This section provides information about on any Personal Budget that will be used to secure provision in the EHC plan to meet outcomes detailed in the plan** |

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| Have the family made a request for personal budget | Not requested of the Local Authority |

**Section J: Education**

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| **Outcome needing additional resource** | **Education Support arrangements** | **Funding Source** | **Allocation** |
| Education Services as outlined within the plan if applicable |  |  |  |
| Education Services as outlined within the plan if applicable |  |  |  |
| Education Services as outlined within the plan if applicable |  |  |  |
|  |  | Total | £ |

**Section J: Health**

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| **Outcome needing additional resource** | **Health Support arrangements** | **Funding Source** | **Allocation** |
| Health Services as outlined within the plan if applicable |  |  |  |
| Health Services as outlined within the plan if applicable |  |  |  |
|  |  | Total | £ |

**Section J: Social Care**

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| **Outcome needing additional resource** | **Care Support arrangements** | **Funding Source** | **Allocation** |
| Social Care Provision as section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA) outlined within the plan if applicable |  |  |  |
|  |  | Total | £ |

**Section J:** *The social care provision reasonably required by the child or young person having SEN*

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| **12 month outcome needing additional resource** | **Care Support arrangements** | **Funding Source** | **Proposed allocation** |
| Social Care Services (Respite etc.) |  |  |  |
|  |  | Total | £ |

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| **Section I: Placement** | |
| **Name of setting:** |  |
| **Address of setting:** |  |
| **Type of setting:** |  |

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| **Arrangements for Review** |

**This Education Health and Care Plan will be reviewed at least annually. Each service will be responsible for reviewing their part of the plan and may hold more frequent reviews of particular parts of the plan. This will be reflected in the annual review of the plan.**

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| **The Lead Professional responsible for reviewing this plan will be:** | SENCO |
| **Contact details:** |  |
| **People to be involved or provide reports for the annual review:** | SENCO  Other setting staff  Parents  Professionals involved with |

**Next Key Transition Points**

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| **Key Transition** | **Date** |
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| **Section K: Report and Assessments** |

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|  | **Report/Assessment** | **Name of author and position Report/Assessment** | **Date**  **of report** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
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**The people who have been involved in producing this EHC plan**

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| **Name and role** | **Contact details** |
|  | Brent Civic Centre, Engineers Way, Wembley  HA9 0FJ  Telephone:  Email: |

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| **The date of my HC Plan meeting was:**  ***(If applicable)*** |  |

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| **Duly Authorised Officer:** | **Signed:** | **Date:** |