

**Children and Young People’s Department**

 **EHC Plan No:**

**Date:**

**Education, Health & Care Plan**

**For**

**(Name of Child)**

**(D.O.B of Child)**

**Picture of Child/Young Person**

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|  This EHC Plan is written in accordance with part 3 of the Children and Families Act 2014 and the Special Educational Needs and Disability (SEND) In formulating this plan the views and wishes of child, young person and their families have been taken into consideration along with advices as detailed in section K of the plan. |

**Essential Information**

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| **1. Child/ Young Persons Information** |
| **Surname** |  |
| **Other Names** |  |
| **Date of Birth** |  | **Gender** |  |
| **Home Address (including Postcode)** |  |
| **Religion** |  |
| **Home Language** |  |
| **Ethnic Origin** |  |

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| **2. Parent/ Carer Information** |
| **Name** |  |
| **Home Address (including Postcode)** |  |
| **Preferred Contact Number** |  |
| **Email Address** |  |
| **Preferred method of contact** |  |
| **Details Of Any Additional Contacts** |  |

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| **Section K – Advice & Information****People who have contributed to this Education Health and Care Plan** |
| **Name** | **Job Title/Role** | **How Did They Contribute?** | **Report Attached** |
|  |  |  | **Yes**  [ ]  **No** [ ]  Date:  |
|  |  |  | **Yes**  [ ]  **No** [ ]  Date: |
|  |  |  | **Yes**  [ ]  **No** [ ]  Date: |
|  |  |  | **Yes**  [ ]  **No** [ ]  Date: |

**Section A – Views and Aspirations**

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| **All about me, this is my profile** |
| **What people like and admire about me** |
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| **What is important to me**  |
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| **Who is important to me** |
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| **How best to communicate with me** |
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| **Aspirations** |
| **Child/ Young Person** | **Parent/ Carer** |
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| **Background/My Story** |
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**Section B – Special Educational Needs**

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| **Summary of SEN and or Disabilities** |
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**Summary of Evidence from Education Health Care Assessments**

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| **Cognition and Learning**  |
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| **Communication/ Interaction**  |
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| **Sensory/ Physical**  |
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| **Social Emotional & Mental Health** |
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**Section C – Health Needs**

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| **Health Needs and Impact on Education** |
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**Section D – Social Care Needs**

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| **Child/ Young Person’s Status** | **LAC**  [ ]  **TAF** [ ]  **CIN**  [ ]  **CP** [ ]  **Adopted**  [ ]  |
| **If Looked After, which Local Authority** |  |

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| **Social Needs and Impact on Education** |
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**Outcomes and Provision**

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| **Section E –Outcomes****By when…** |
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| **Section E –Outcome** | **Section F, G, H1 & H2 –Provision Needed to Achieve the Outcome** | **By Whom and Funding Source**  |
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| \* H1: Any 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. \* H2: Any other social care provision reasonably required by the learning difficulties and disabilities which result in the child or young person having SEN. This will include any adult social care provision being provided to meet a young person’s eligible needs (through a statutory care and support plan) under the Care Act 2014. |

**Section I - Placement**

Insert name of placement

**Section J – Personal Budget**

Where there is a personal budget, detail how the personal budget will be used to secure the provision in the plan and how it will meet particular outcomes. Any agreement for a Personal Budget for education, health and social care must be approved by the relevant person and must meet the regulations set out in the Personal Budget Policy and Direct Payments Guidance.

Personal Budget not requested. [ ]

**Monitoring & Review of EHC Plan**

A formal review of the child or young person’s Education and Health Care plan and progress must be held at least annually unless those responsible for his or her education consider that they should be held more frequently.

The Education, Health and Care Plan Co-ordinator, parents/carers, child or young person and all relevant professionals involved must be invited to the review and provided with an opportunity to make their views known prior to and at the review meeting.

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| **EHCP Co-ordinator** |  |
| **Contact Details** |  |
| **Email Address** |  |

**Signature on Behalf of the Local Authority:**

**Date:**

 **(Ref No: EHCP Co-ordinators Initials, child’s/ young person’s Initials, DOB, - EHCP Draft 1)**