

**Children and Young People’s Department**

**EHC Plan No:**

**Date:**

**Education, Health & Care Plan**

**For**

**(Name of Child)**

**(D.OB of Child)**

**Picture of Child**

**(Optional)**

**Essential Information**

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

**Tip: to select tick box double click and select checked**

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

|  |  |
| --- | --- |
| **2. Parent/ Carer Information** | |
| **Name** |  |
| **Home Address (including Postcode)** |  |
| **Main Contact Number** |  |
| **Email Address** |  |
| **Details Of Any Additional Contacts** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **People who have contributed to the Production of 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**

|  |
| --- |
| **All about me this is my profile** |
| **What people like and admire about me** |
|  |
| **What is important to me** |
|  |
| **Who is important to me** |
|  |
| **How best to support me** |
|  |

**Aspirations**

|  |  |
| --- | --- |
| **Short Term Aspirations** | |
| **Child/ Young Person** | **Parent/ Carer** |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Long Term Aspirations** | |
| **Child/ Young Person** | **Parent/ Carer** |
|  |  |
|  |  |
|  |  |

**Section B – Special Educational Needs**

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| --- |
| **Summary of SEN and or Disabilities** |
|  |

**Summary of Evidence from Education Health Care Assessments**

**(Please Specify All Special Educational Needs)**

|  |
| --- |
| **Cognition and Learning** |
| **Strengths and Skills** |
|  |
| **Identified SEN** |
|  |
| **Communication/ Interaction** |
| **Strengths and Skills** |
|  |
| **Identified SEN** |
|  |
| **Sensory/ Physical** |
| **Strengths and Skills** |
|  |
| **Identified SEN** |
|  |
| **Social Emotional & Mental Health** |
| **Strengths and Skills** |
|  |
| **Identified SEN** |
|  |

**Section C – Health Needs**

|  |
| --- |
| **Strengths and Health Needs** |
|  |
| **Impact of Health Needs** |
|  |

**Section D – Social Care Needs**

|  |
| --- |
| **Strengths and Social Needs** |
|  |
| **Impact of Social Care Needs** |
|  |

**Section E – Outcomes**

All outcomes will be continuously reviewedthrough the school’s monitoring arrangements with parents and relevant professionals involved with the child or young person.

These outcomes represent reasonable and aspirational targets for (**insert child’s name**) to reach, taking into account progression guidance and current attainment.

|  |
| --- |
| **Outcomes** |
| **Education** |
|  |
| **Health** |
|  |
| **Social Care** |
|  |
| **Community/ Family/ Informal Support** |
|  |

**Section F – Special Educational Provision**

|  |  |
| --- | --- |
| **Allocated Resources** | |
| **The Special Educational Provision** | **By Whom & Funding Source (where appropriate)** |
|  |  |
|  |  |
|  |  |

**Section G, H1 and H2 – Health and Social Care Summary of Health and Social Care Provision**

**Section G – Health Provision**

|  |  |
| --- | --- |
| **Allocated Resources** | |
| **The Health Provision** | **By Whom & Funding Source (where appropriate)** |
|  |  |
|  |  |
|  |  |

**Section H1 – Social Care**

|  |  |
| --- | --- |
| **Allocated Resources** | |
| **The Provision** | **By Whom & Funding Source (where appropriate)** |
|  |  |
|  |  |
|  |  |

**Section H2 – Social Care**

|  |  |
| --- | --- |
| **Allocated Resources** | |
| **The Provision** | **By Whom & Funding Source (where appropriate)** |
|  |  |
|  |  |
|  |  |

**Section I - Placement**

(Insert the name of child) placement will be:

**Section J – Personal Budget**

Where there is a personal budget the following table details how it will be used to secure provision in the plan.

|  |  |  |
| --- | --- | --- |
| **Details of Personal Budgets** | **Intended Outcomes** | **Cost** |
|  |  |  |
|  |  |  |
|  |  |  |

**Section K – Advice & Information**

**Monitoring & Review of EHC Plan**

A formal review of the child’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.

|  |  |
| --- | --- |
| **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)**