**CHILDREN & FAMILIES ACT 2014**

**SCHOOL LEAVERS OF EDUCATION HEALTH CARE PLAN**



**Date of Meeting:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of EHCP Co-ordinator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of current EHCP:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Essential Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of young person:** |  | | | |
| **D.O.B.** |  | **Year Group:** | |  |
| **Address:** |  | | | |
| **Telephone Number:** |  | | | |
| **Home Language:** |  | | | |
| **Religion:** |  | | | |
| **Name of School:** |  | | | |
| **Attendance Record:** | **% attendance** | |  | |
| % **authorised absence** | |  | |
| **% unauthorised absence** | |  | |

**Names of persons invited to contribute to review:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Role** | **Attended Review** | **Written Advice** |
| i) | Student |  | **Yes**   **No** | **Yes**   **No** |
| ii) | Parent |  | **Yes**   **No** | **Yes**   **No** |
| iii) |  |  | **Yes**   **No** | **Yes**   **No** |
| iv) |  |  | **Yes**   **No** | **Yes**   **No** |
| v) |  |  | **Yes**   **No** | **Yes**   **No** |

**Section A – Views and Aspirations, only record significant changes below**

|  |
| --- |
| **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 communicate with me** |
|  |

**Aspirations**

**Aspirations should include the 4 Preparation for Adulthood outcomes as specified in Chapter 8 of the SEN Code of Practice 2014.**

**These are:**

**1) Employability**

**2) Independent living**

**3) Participating in society**

**4) Being healthy**

|  |  |
| --- | --- |
| **Aspirations** | |
| **Young Person** | **Parent/ Carer** |
|  |  |
|  |  |
|  |  |

**Section B- Special Educational Needs**

**Does the Plan continue to describe the young person’s needs accurately? Schools should make changes to school based plans in response to changing needs.**

**The LA should be informed if there are any significant changes below.**

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**Please provide an update on the skills and needs of the child/young person in the four areas of the SEN and Independence as in the SEN Code of Practice (2014) in the table below:**

|  |  |  |
| --- | --- | --- |
|  | **Identified skills and strengths** | **Identified SEN** |
| **Cognition and Learning** |  |  |
| **Communication and Interaction** |  |  |
| **Sensory/Physical** |  |  |
| **Social, Emotional and Mental Health** |  |  |
| **Independence** |  |  |

|  |
| --- |
| **School Achievements** |
| 1. GCSE/BTEC grades or predicted grades: |
| 1. Other academic attainments |
| 1. Cognitive Ability assessments (if any have been undertaken) |
| 1. Other achievements |
| **Include here any narrative on the scores that you want to highlight**  **Independent Careers Advice including applications to College/Post 16 settings** |

**Review of Progress towards EHCP Outcomes**

|  |  |  |
| --- | --- | --- |
| Area of Need | EHCP Outcomes | Success Young Person has made towards achieving these |
| Cognition and Learning |  |  |
| Communication and Interaction |  |  |
| Social, Emotional and Mental Health |  |  |
| Sensory and Physical |  |  |
| Health |  |  |
| Social Care |  |  |

**New outcomes for Preparation for Adulthood:**

|  |  |
| --- | --- |
| Area of Need | Proposed EHCP Outcomes |
| **Education or Employability** |  |
| **Independent living** |  |
| **Participating in society**  (Friends, relationships and community) |  |
| **Being healthy** |  |

**SECTION F: Educational Provision including that delivered through a personal budget**

1. **Does the current provision remain relevant to the needs of the child/young person and does it continue to be effective in ensuring that they are making the best possible progress towards their outcomes?**

**Yes**

**No**

1. **If not, what could be done differently to help the child/ young person to make progress?**

|  |
| --- |
|  |

**SECTION G: Health Provision including that delivered through a personal budget**

1. **Has the current provision enabled the child/young person to achieve good progress towards their outcomes?**

**Yes**

**No**

1. **If not, what could be done differently to help the child/ young person to make progress?**

|  |
| --- |
|  |

**SECTION H: Social Care Provision including that delivered through a personal budget**

1. **Has the current provision enabled the child/young person to achieve good possible progress towards their outcomes?**

**Yes**

**No**

1. **If not, what could be done differently to help the child/ young person to make progress?**

|  |
| --- |
|  |

**Summary of Annual Review Recommendations**

**In light of the child/young person’s progress, is it appropriate to:**

1. **Amend the provision as specified in the EHC plan**
2. **Cease the EHC plan**

**If the child or young person is due to move between key phases of education, please comment upon likely needs to allow for planning for and where necessary commissioning of support and provision at their new setting.**

|  |
| --- |
|  |

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Role: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_** ­

Please return completed form electronically to your designated EHCP Co-ordinator within two weeks of the meeting.

One copy should be retained in school or passed with the young person’s records to the next placement if appropriate and one copy should be given to the young person.

Copies should be sent on request to those who have participated in the review.