Name's DRAFT/FINAL Education Health and Care Plan



*The above image can be replaced with a picture of [Name]. If you would like a photo, please let us know.

Date of draft EHC Plan: xxxx

Date of final EHC Plan: xxxx

Review date: By xxxx and annually thereafter



Contents

This is me...

*Section A: The views, interests and aspirations of the child or young person and their parents / carers. The child or young person's history.

*Section B: The child or young person's special educational needs.

Strengths, Difficulties and Outcomes

*Section C: The child or young person's health needs which are related to their special educational needs.

*Section D: The child or young person's social care needs which are related to their special educational needs.

*Section E: The outcomes sought for the child or young person, including outcomes for adult life. The EHC Plan should also identify the arrangements for setting shorter term targets by the early years provider, school, college or other education or training provider.

Provision

*Section F: The special educational provision required by the child or the young person.

*Section G: Any health provision reasonably required by the learning difficulties and disabilities which result in the child or young person having SEN, and where an Individual Health Care Plan is made for them.

*Section 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.

*Section 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 statutory care and support plan) under the Care Act 2014.

Resources

*Section I: The name and type of the school, maintained nursery school, post-16 institution or other institution, or the type of school or other institution to be attended by the child or young person where no such institution is named.

*Section J: Where there is a personal budget, the details of how the personal budget will support particular outcomes, the provision it will be used for including any flexibility in its usage and the details of any agreement for a direct payment for education, health and social care as set out in respective regulations.

Appendices

*Section K: The advice and information gathered during the EHC needs assessment (in appendices). There should be a list of advice and information.

- 1) Child/your person's views
- 2) Parent/carer's views
- 3) Parent/carer consent to share information
- 4) Reports
- 5) Contact details and administrative information

^{*} Taken from Annex A Implementing a new 0 to 25 special needs system: LAs and partners

This is me

OFN No. do (D)	
SEN Needs (B)	
History (A)	
What others like about me (A)	
, /	
	_
No. 1	
My hopes and aspirations for the future (A)	

What is important TO me and my family (A)
What is important FOR me and my family (A)
Triac is important a service and my family (A)
The best ways to support me (A)
The best ways to support me (A)

Strengths, Difficulties (Section B, C, D) and Outcomes (E)

Communication (E	
Strengths	
Difficulties	
Desired outcome(s) (E)	
outcome(s) (L)	
Learning and Deve	elopment (B)
Strengths	
Difficulties	
Desired outcome(s) (E)	
Behaviour and Em	otions (B)
Strengths	
Difficulties	
Desired	
outcome(s) (E)	
Hoolth (C)	
Health (C) Strengths	
Strengths	
Difficulties	
Desired	
outcome(s) (E)	
_	
Everyday Life (B)	
Strengths	
Difficulties	
Desired	
outcome(s) (E)	
Family and Comm	unity (D)
Strengths	

Difficulties					
Desired outcome(s) (E)					
How was [Child's r	name] involved in	setting the following	ng outcomes?		
Provision (F, G, H1, H	<u>2)</u>			
Outcome (E)					
Provision:			Quantity	Who	Agreed
What needs to hap (F, G, H1, H2)	pen?		Quantity, frequency and duration	VVIIO	Agreed start date
(1, 0, 111, 112)					dato
Outcome (E)					
Provision: What needs to hap	non?		Quantity, frequency	Who	Agreed start
(F, G, H1, H2)	ipen :		and duration		date
			l	<u>I</u>	
Outcome (E)					
Provision:			Quantity	Wha	Agreed
What needs to hap	pen?		Quantity, frequency	Who	Agreed start
(F, G, H1, H2)			and duration		date

Outcome (E)			
Provision: What needs to happen? (F, G, H1, H2)	Quantity, frequency and duration	Who	Agreed start date
Outcome (E)			
Provision: What needs to happen? (F, G, H1, H2)	Quantity, frequency and duration	Who	Agreed start date
Outcome (E)			
Provision: What needs to happen? (F, G, H1, H2)	Quantity, frequency and duration	Who	Agreed start date

Outcome (E)			
Provision: What needs to happen?	Quantity, frequency	Who	Agreed start
(F, G, H1, H2)	and duration		date
Outcome (E)			
Provision:	Quantity,	Who	Agreed
What needs to happen? (F, G, H1, H2)	frequency and duration		start date

Section I:

Placement	
Name of placement (I)	

Type of placement (I)	A mainstream primary/secondary school with additional support or A day special (primary/secondary) school for children with

Section J:

Funding J	
Total EHC funding (J)	£xx,xxx
Itemised EHC funding in	cluding direct payments
Education	£xx,xxx plus £xx,xxx additional top-up funding from the Local Authority
Health	N/A or Continuing Health Care Package
Social Care	N/A or breakdown of Social Care payments
How is this to be used/delivered?	All education funding to be managed through the school to deliver the agreed provision OR Insert details of Direct Payment here if applicable

Review	
By what date?	xxx and annually thereafter
Who is responsible for arranging the review?	Headteacher, xxx School

Key Contacts	
Education	Named Case Officer, SEN Case Officer West Berkshire Council 01635 xxxxxxx xxx@westberks.gov.uk
Health	
Social Care	

Section K: Appendices

Appendix 1: Views of the child/young person

Appendix 2: Views of the parents/carers

Appendix 3: Consent to share form

Appendix 4: Reports

Report/advice	Name of practitioner/role
Educational report/advice	
Medical report/advice	
Educational Psychology report/advice	
Social Care report/advice	
Other reports/advice obtained by the Local Authority	

Appendix 5: Contact details and administrative information

Appendix 5

Child/young person	
Full name of child/young person	
Date of Birth	
Home Address	
Gender	Male/female
Religion	
Language	
Parents/carers	
Name of parent/carer	
Relationship to child	
Address	
Telephone number	
Email	
Preferred method of contact	
Name of parent/carer	
Relationship to child	
Address	
Telephone number	
Email	
Preferred method of contact	

Nicola Ponton/Nikki Stevens/Shalon Smith/Lucy Baker-Smith SEN Manager/Assistant SEN Manager
Date: