



EDUCATION, HEALTH & CARE PLAN

for

Name Surname

EHCP WORKING DOCUMENT / DRAFT / FINAL

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This Plan should be read in line with the documents in the Appendix of this Plan.

GENERAL INFORMATION

This Education Health and Care Plan (EHCP) has been put together to help me to progress towards the things that are important to me now and for my long-term future.

The information in this Plan is confidential but I am happy for all or parts of the Plan to be shared with the people that need to know the information to help me.

XXX's details	
Full name	
Known name	
Date of Birth	
Gender	
Address	
Languages(s) spoken at home	
Contact number, if applicable	
Disability / Category of Need	
Ethnicity	
Religion	
Current educational setting	

Parent/Carer with parental responsibility	
Full name	
Relationship to child/young person	
Address (if different from child's address)	
Contact number	
Email	

Other parent/carers with parental responsibility	
Full name	
Relationship to child/young person	
Address (if different from child's address)	
Contact number	
Email	

Additional information	
UPN number	
Mosaic number	
Interpreter needed	Yes / No
Looked After Child	Yes / No
Child Protection / Child in Need Plan	Yes / No

Circulation list		
The Plan will be shared with professionals with the same role as those listed below which will be updated at Annual Review Meetings.		
Name	Role	Contact Details

SECTION A: My Views, Interests & Aspirations

This section sets out the views, interests and aspirations of XXX and his/her parents/carers.

XXX's story so far

As told by XXX or XXX's parent(s)/carer(s)

All about me

As told by XXX or XXX's parent(s)/carer(s)

How I communicate any support I need	
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What people like and admire about me	
---	--

What I find difficult	
------------------------------	--

What I find easy	
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My likes and dislikes	
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How best to support me	
-------------------------------	--

The people important to me (family, friends, others)	
---	--

My dreams and aspirations for the future

As told by XXX or XXX's parent(s)/carer(s)

My parent(s)/carer(s) dreams and aspirations for me

SECTION B: My Special Educational Needs

This section sets out XXX's special educational needs, in terms of XXX's learning difficulties which call for special educational provision.

Cognition and learning needs (if applicable)

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Communication and interaction needs (if applicable)

--

Social, emotional and mental health needs (if applicable)

--

Physical and/or sensory needs (if applicable)

--

Self Help & Independence /Preparation for adulthood needs (if applicable)

This includes self-help and independence for younger children, and independent living, support for finding employment, housing and participation in society as they grow older.

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Summary of XXX's strengths

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Summary of XXX's my needs and their impacts

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SECTION C: My Health Needs

This section sets out the health needs which relate to XXX's special educational needs.

SECTION D: My Social Care Needs

This section sets out the social care needs which relate to XXX's special educational needs.

SECTION E: My Desired Outcomes

This section sets out the outcomes sought for XXX and are linked to ‘My Dreams and Aspirations’ in section A.

Outcomes are **SMART (Specific, Measurable, Achievable, Realistic, Timely)** and will be reviewed on an annual basis with XXX, parents/carers and any professionals involved with XXX.

When the final Plan is issued, the educational setting will arrange a meeting within 6 working weeks inviting all the people involved in writing advice for the plan. This is where short term SMART targets will be set and can be found in the Appendix to this Plan.

XXX’s dreams and aspirations for the future

Desired outcomes by the end of Key Stage (Age?)	
Cognition and Learning	
Communication and Interaction	
Social, emotional and mental health	
Sensory and physical	
Self Help and Independence / Preparation for adulthood <ul style="list-style-type: none"> • Employment, • Independent Living, • Friends, Relationships & Community, • Good Health 	

SECTION F: My Special Educational Provision

This section is the support XXX needs, on top of what is already provided in his/her setting, to achieve the outcomes in section E.

Provisions are linked to 'My Special Educational Needs' in section B and are SMART.

Provisions will be provided by the educational staff at XXX's setting or by external professionals or specialists (as stated).

Strategies

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Interventions

--

External Professionals

--

Total cost of special education provision

The cost of the educational provision to meet the needs and desired outcomes set out in the EHC Plan

The setting will contribute	£
Local Authority will contribute	£
Total amount	£

SECTION G: My Health Provision

This section is the health provision reasonably required by the learning difficulties or disabilities which result in XXX having special educational needs.

Provisions are linked to 'My Healthcare Needs' in section C and are SMART.

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SECTION H1: My Social Care Provision (if applicable)

This section is the social care provision which must be made for a child or young person under 18 who is chronically sick or disabled (S2 of Chronically Sick and Disabled Persons Act 1970).

Provisions are linked to 'My Social Care Needs' in section D and are SMART.

Social care provision
By whom and who will fund this (where applicable)

SECTION H2: Any Other Social Care Provision related to my SEND (if applicable)

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SECTION I: My Placement Details

This section is the information on the education setting where XXX has/will have his/her education. This section is left blank at the draft stage.

Current placement	
Type of placement	
Name of educational setting	
Address	
Head teacher	
Contact	

Transfer to placement (if applicable)	
Type of placement	
Date of transfer	
Name of educational setting	
Address	
Head teacher	
Contact	

SECTION J: My Personal Budget

This section sets out, where there is a personal budget, the details of how a personal budget will support particular outcomes. Personal budget will depend if XXX and his/her parent(s)/carer(s) want to take a direct payment for support.

Personal budget support taken	Yes / No
Personal budget allocation	£

Educational personal budget (if applicable) to meet outcome for:

Weekly cost	£	Annual cost	£
Weekly personal budget allocation	£	Annual personal budget allocation	£

Health to meet outcome for:

Weekly cost	£	Annual cost	£
Weekly personal budget allocation	£	Annual personal budget allocation	£

Social care to meet outcome for:

Weekly cost	£	Annual cost	£
Weekly personal budget allocation	£	Annual personal budget allocation	£

Totals

Total weekly cost	£	Total annual cost	£
Total weekly personal budget allowance	£	Total annual personal budget allowance	£

SECTION K: Contributors to my EHC Plan

This section shows the advice and information that was used to create this Plan. The reports attached below are contained in the Appendix to this Plan.

Type of advice	Provided by	Role	Date	Appendix reference number

SIGNATURES / AUTHORISATION

Duly Authorised Officer (Education)	
Signature	
Date	

Duly Authorised Officer (Health)	
Signature	
Date	

Duly Authorised Officer (Social Care)	
Signature	
Date	

Plan start date	
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Annual review date	
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