[Name] [Surname]

Education, Health and Care Plan (Draft)

**MY EHC PLAN includes:**

**Section A ABOUT ME: MY views, interests and aspirations**

**Section B Special Educational Needs (SEN)**

**Section C Health Needs that relate to my SEN**

**Section D Social Care Needs that relate to my SEN**

**Section E Outcomes**

**Section F Special Educational Provision**

**Section G Health Provision -**

**Section H1 Social Care Provision**

**Section H2 Social Care**

**Section I Placement - The name of the setting to be attended**

**Section J Personal Budget**

**Section K Advice and Information used to write my EHC Plan**

In accordance with the Children and Families Act 2014 and the Special Educational Needs and Disabilities Code of Practice 2014, the following Plan is made on **[DATE]** by Suffolk County Council (‘the Local Authority’) in respect of [Name] whose particulars are set out below.

|  |
| --- |
| **CHILD/YOUNG PERSON** |
| Surname |  | Other Names |   |
| Home Address |  |
| Gender |  | Date of Birth |  |
| Religion |  | Home language |  |

|  |  |
| --- | --- |
| Education Setting |  |

|  |
| --- |
| **PARENT OR PERSON RESPONSIBLE**  |
| Surname |  | Other names |  |
| Home address(if different) |  |
| Telephone no |  | Relationship to [Name]  |  |
| Email |  |

|  |
| --- |
| **PARENT OR PERSON RESPONSIBLE**  |
| Surname |  | Other names |  |
| Home address(if different) |  |
| Telephone no |  | Relationship to [Name]  |  |
| Email |  |

|  |
| --- |
| **OTHER INFORMATION** |
| Unique pupil no. |  | Care First no. |  |
| NHS Number |  | GP Practice |  |
| Social Care | Specify team if involved | Child Looked After? | Section20Interim Care OrderCare OrderSupervision Order |

APPEND 1 PAGE PROFILE HERE

**Section A – The views, interests and aspirations of [Name]**

The following section has been completed with or on behalf of [Name], at the point of writing this plan these hopes, dreams and ambitions were appropriate

|  |
| --- |
| **My long term hopes, dreams and ambitions …**  |
|  |

|  |
| --- |
| **A brief history about me ….**  |
| HomeHealth/DiagnosisEducationSpecialist ServicesInterests |

|  |
| --- |
| **How best to communicate with me and help me to make decisions …**  |
|  |

|  |
| --- |
| **What my family and carers think…**  |
|  |

**SECTION B – Special Educational Needs**

The following Special Educational Needs have been identified for [Name]

|  |
| --- |
| **Communication and interaction** |
| **Enter area of Needs*** Current level of functioning – what the child/young person can and cannot do
 |
| **Cognition and learning** |
| **Enter area of Needs*** Current level of functioning – what the child/young person can and cannot do
* EP assessment of cognitive levels/areas of difficulty
* Current/recent attainment data from educational setting
 |
| **Social, emotional and mental health difficulties** |
| **Enter area of Needs*** Current level of functioning – what the child/young person can and cannot do
 |
| **Sensory Visual and Hearing Impairment ONLY** |
| **Enter area of Needs*** Current level of functioning – what the child/young person can and cannot do
 |
| **Physical** |
| **Enter area of Needs*** Current level of functioning – what the child/young person can and cannot do
 |

**SECTION C – HEALTH Needs that relate to SEN**

|  |
| --- |
| **The following Health needs have been identified for [Name]** **No Health needs have been identified for [Name]**  |
| **Enter area of Needs*** Current level of functioning
 |

**SECTION D – SOCIAL CARE – Needs that relate to SEN**

|  |
| --- |
| **The following Social Care needs have been identified for [Name]** **No Social Care Needs have been identified for [Name]**  |
| **Enter area of Needs*** Current level of functioning
 |

**SECTION E – Outcomes**

This section identifies medium term outcomes which are expected to span across a key stage. The medium term outcomes will be used to inform the writing of interim and short term outcomes by the educational setting so progress can be closely monitored. The following outcomes are expected to span

to the end of Key Stage X

the transition from Key Stage X to the end of Key Stage X

the transition to Post 16 to the end of year X

the transition to Post 19 education

**EDUCATION**

|  |
| --- |
| **Communication and Interaction Outcomes** |
|  |  |

|  |
| --- |
| **Cognition and Learning Outcomes** |
|  |  |

|  |
| --- |
| **Social, Emotional and Mental Health Outcomes** |
|  |  |

|  |
| --- |
| **Sensory Outcomes** |
|  |  |

|  |
| --- |
| **Physical Outcomes** |
|  |  |

**HEALTH**

|  |
| --- |
| **Health Outcome – None Identified** |
|  | Remove if none identified |

**SOCIAL CARE (1)**

|  |
| --- |
| **Social Care Outcome – None Identified** |
|  | Remove if none identified |

**SOCIAL CARE (2)**

|  |
| --- |
| **Social Care Outcome – None Identified** |
|  | Remove if none identified |

**KEY CHANGES** (anticipated in the next 2 years)

|  |  |
| --- | --- |
| Are there any forward plans for key changes in [Name] ’s life? | YES/NO |
|  |
| When will this happen? |  | Action required to support |  |

**MOVING INTO ADULTHOOD**

|  |
| --- |
| Outcomes to prepare the young person for adult life and linked to the aspirations in section A |
|  |

|  |
| --- |
| **Monitoring Progress** |
|  | The education setting will write interim short term targets that detail the smaller steps of progress which will support [Name] to achieve the outcomes in this plan.  |
|  | The family and [Name] will be involved in developing these targets and reviewing them termly.  |
|  | The education setting will maintain regular home/school liaison to ensure consistent support, share information and celebrate achievements.  |
|  | The first EHC Plan must be reviewed within 12 months of the issue date of the Plan and thereafter within 12 months of any previous review.  |
|  | The education setting will organise the Annual Review meeting. |
|  | At the point of transfer between the educational settings an Annual Review meeting will be held which includes consideration of transition arrangements.  |
|  | From year 9 onwards the Annual Review meeting will include planning to support [Name] ’s preparation for adulthood, employment, independent living and participation in society. This will be reviewed and amended at the Annual Review meetings in subsequent years.  |
|  | The educational setting must submit a written report of the Annual Review meeting for consideration by the Local Authority within 2 weeks or the end of term, whichever is the earlier. A copy of the report with all the advice will be sent to those concerned including the parents for information. |

**SECTION F** **– PROVISION**

|  |
| --- |
| **Section B: Communication and Interaction** |
|  | Section E Outcome |  |
| Section F: Provision to support outcome achievement | Frequency | Who |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Section E Outcome |  |
| Section F: Provision to support outcome achievement | Frequency | Who |
|  |  |  |

|  |
| --- |
| **Section B: Cognition and Learning** |
|  | Section E Outcome |  |
| Section F: Provision to support outcome achievement | Frequency | Who |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Section E Outcome |  |
| Section F: Provision to support outcome achievement | Frequency | Who |
|  |  |  |

|  |
| --- |
| **Section B: Social, Emotional and Mental Health** |
|  | Section E Outcome |  |
| Section F: Provision to support outcome achievement | Frequency | Who |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Section E Outcome |  |
| Section F: Provision to support outcome achievement | Frequency | Who |
|  |  |  |

|  |
| --- |
| **Section B: Sensory** |
|  | Section E Outcome |  |
| Section F: Provision to support outcome achievement | Frequency | Who |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Section E Outcome |  |
| Section F: Provision to support outcome achievement | Frequency | Who |
|  |  |  |

|  |
| --- |
| **Section B: Physical** |
|  | Section E Outcome |  |
| Section F: Provision to support outcome achievement | Frequency | Who |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Section E Outcome |  |
| Section F: Provision to support outcome achievement | Frequency | Who |
|  |  |  |

**SECTION G – HEALTH PROVISION**

|  |
| --- |
| NO HEALTH NEEDS IDENTIFIED |

|  |  |  |
| --- | --- | --- |
|  | Section E Outcome | Remove if NO Health Needs Identified |
| Section F: Provision to support outcome achievement | Frequency | Who |
|  |  |  |

|  |  |
| --- | --- |
| [Name] ’s needs meet the continuing care criteria  | Yes/No |
| **Provision to meet Health outcomes:**[Name] ’s needs can be met within the Local Health Offer\*.[Name] requires [XXX] of additional support to meet the assessed needs and provision outlined in this EHCP.\* |

**Section H1: Social Care PROVISION**

Social Care provision in Section H1 is in accordance with Section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA) and Section 17 of the Children’s Act 1989.

|  |
| --- |
| NO SOCIAL CARE NEEDS IDENTIFIED |

|  |  |  |
| --- | --- | --- |
|  | Section E Outcome | Remove if NO Social Care Needs IDENTIFIED |
| Section F: Provision to support outcome achievement | Frequency | Who |
|  |  |  |

**Section H2: Social Care PROVISION**

Section H2 **must** only include services that are not included under Section 2 of the CSDPA. This section also includes other provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN, or other provision which is not linked to their SEN.

|  |
| --- |
| NO SOCIAL CARE NEEDS IDENTIFIED |

|  |  |  |
| --- | --- | --- |
|  | Section E Outcome | Remove if NO Social Care Needs IDENTIFIED |
| Section F: Provision to support outcome achievement | Frequency | Who |
|  |  |  |

|  |
| --- |
| Provision to meet social care outcomes: |
| Additional information (provision and resources):[Name] ’s needs can be met through the Local Offer\*[Name] ’s needs can be supported through the Activities Unlimited Short Break Offer\*[Name] ’s needs can be supported through the Activities Unlimited Short Break Offer Plus\*[Name] requires xxxx of additional support to meet the assessed needs and provision outlined in this EHCP\* |

**Section I: [Name]’s Educational Placement**

|  |  |
| --- | --- |
| **Type of setting** | **Leave I blank until the plan is finalised** |
| **Name of setting** |  |
| **Transport** | The Suffolk County Council Post 16 Transport Policy appliesThis is not the catchment school …Remove if not relevant |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date**  |  | **A duly authorised officer of the Local Authority** |  |

**SECTION J – PERSONAL BUDGET**

|  |
| --- |
| Personal Budget Plan |
| Has a personal budget for Education provision been requested? | Yes | **No** |
| Has a personal budget for Education provision been agreed? | Yes | **No** |
| Has a personal budget for Social Care provision been requested? | Yes | **No** |
| Has a personal budget for Social Care provision been agreed? | Yes | **No** |
| Has a personal budget for Health provision been requested? | Yes | **No** |
| Has a personal budget for Health provision been agreed? | Yes | **No** |
| Payment arrangements |
|  | Direct payment |  |  |
|  | Notional arrangement (LA or education setting holds budget and commissions the specified support |  |  |
|  | Third party arrangement (Funds are paid to and managed by an individual or organisation on behalf of the parents or young person) |  |  |
|  | A combination of the above |  |  |

|  |
| --- |
| Description of the provision to meet the needs and outcomes to be met by direct payments |
|  | Outcome | Provision | Cost – annual £ |
| Education |  |  |  |
| Health |  |  |  |
| Social Care |  |  |  |
| Total Available as a Personal Budget |  |

**The first review of this budget plan will be within 3 months of the start date and termly thereafter.**

**The plan will also be reviewed as part of the Annual Review.**

|  |  |  |
| --- | --- | --- |
| Personal Budget agreement and documentation has been completed and signed | Yes | No |

**Section K: Advice and Information**

The following reports have been used to inform and write the Education, Health and Care Plan for [Name] dated ……………..

|  |  |  |
| --- | --- | --- |
| **Name/Role/Organisation** | **Type of Contribution** | **Date**  |
|  | **Family Advice** | **00.00.17** |
|  | **Transfer Review****Annual Review** |  |
|  | **Statement of SEN**  |  |
|  | **Other professional reports** |  |

Original Advice for Statement dated ….