|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name’s**  **Education, Health & Care Plan** | | | | | | |
| **Date of draft EHC Plan:** | | Click here to enter a date. | | **Date of final EHC Plan:** | Click here to enter a date. | |
| **Signed by a duly authorised officer of South Gloucestershire Local Authority:** | |  | | **Date** | Click here to enter a date. | |
|  | | | | | | |
| **Identifying Details** | | | | | | |
| **Given names:** |  | | **Family name:** |  | | |
| **Ethnicity:** | Choose an item. | | **Gender:** | Choose an item. | **Date of Birth:** |  |
| **Student ID Number:** |  | | **Address:** |  | | |
| **Contact phone number(s):** |  | | **Child/Young Person’s first language:** |  | **Parent / Carer’s first language:** |  |
| **Parent / Carer’s name:** |  | | **Parent/Carer’s address if different from above:** |  | | |
| **Is child in receipt of Pupil Premium:** | Choose an item. | | **Primary / Secondary Need:** | Choose an item. / Choose an item. | **NHS Number:** |  |
| **Is this child or young person a Child in Care?** | Choose an item. | | **Name and contact details of the Social Worker** |  | | |

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| **Section A About Me** |
| **Photo or picture** |
| **This is how I communicate:** |
|  |
| **What is important to me:** |
|  |
| **My Aspirations and goals:** |
|  |
| **What people like and admire about me:** |
|  |
| **How I learn best:** |
|  |
| **What I can do to help myself:** |
|  |
| **What helps me:** |
|  |
| **What doesn’t help me:** |
|  |

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| **Section A Family’s Views** |
| **Our hopes for our child now and into the future** |
|  |
| **How we support our child**  **(what we think is important to and for our child)** |
|  |
| **What is working for us?** |
|  |
| **What isn’t working well?** |
|  |

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| **Section B My Special Educational Needs**  *Include a pen portrait of the pupil’s needs*  XXX has special educational needs in the following areas: |
| **Communication and interaction** |
| **Strengths:**  **Summary of Needs:**  XXX’s communication and interaction needs can be summarised as |
| **Cognition and learning** |
| Strengths**:**  **Summary of Needs:**  XXX’s cognition and learning needs can be summarised as |
| **Social, emotional and mental health** |
| **Strengths:**  **Summary of Needs:**  XXX’s social, emotional and mental health needs can be summarised as |
| **Sensory and/or physical needs** |
| **Strengths:**  **Summary of Needs:**  XXX’s sensory / physical needs can be summarised as |
| **Self-care and independence (including preparation for adulthood)** |
| **Strengths:**  **Summary of Needs:**  XXX’s self-care and independence needs can be summarised as |

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| **Section C My Health Needs** |
| Choose an item. |
| **Section D My Social Care Needs** |
| Choose an item. |

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| **“Key” to Outcomes and Provision sections below** | |
| **Sections E, F, G, H1 and H2** | |
| **E** | The outcomes sought for the child or the young person |
| **F** | The special educational provision required by the child or the young person |
| **G** | Any health provision |
| **H1** | Any social care provision which must be made for a young person under 18 resulting from section 2 of the Chronically Sick and Disabled Person’s Act 1970 |
| **H2** | Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN |

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| **Section E** | Communication and Interaction | |
| **(E) Outcome(s) sought for the child or young person, by the end of the current Key Stage or phase of education, which relate to any** **Communication and Interaction needs summarised in Section B:**  Delete as appropriate Action Plan to achieve outcome  * Please see XXX’s Setting Support Plan / Individual Education Plan for details of short term actions drawn up by school staff with support from appropriate professionals | | |
|  | | **The provision to meet these outcomes** |
| **(F) Education Provision** | | Delete as appropriate |
| **(G) Health Provision** | | Delete as appropriate |
| **(H1)** **Social Care provision** | | Delete as appropriate |
| **(H2) any other Social Care provision** | | Delete as appropriate |

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| **Section E** | Cognition and Learning | |
| (E) Outcome(s) sought for the child or young person, by the end of the current Key Stage or phase of education, which relate to any Cognition and Learning needs summarised in Section B: Delete as appropriate Action Plan to achieve outcome  * Please see XXX’s Setting Support Plan / Individual Education Plan for details of short term actions drawn up by school staff with support from appropriate professionals | | |
|  | | **The provision to meet these outcomes** |
| **(F) Education Provision** | | Delete as appropriate |
| **(G) Health Provision** | | Delete as appropriate |
| **(H1)** **Social Care provision** | | Delete as appropriate |
| **(H2) any other Social Care provision** | | Delete as appropriate |

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| **Section E** | Social, Emotional and Mental Health | |
| (E) Outcome(s) sought for the child or young person, by the end of the current Key Stage or phase of education, which relate to any Social, Emotional and Mental Health needs summarised in Section B: Delete as appropriate Action Plan to achieve outcome  * Please see XXX’s Setting Support Plan / Individual Education Plan for details of short term actions drawn up by school staff with support from appropriate professionals | | |
|  | | **The provision to meet these outcomes** |
| **(F) Education Provision** | | Delete as appropriate |
| **(G) Health Provision** | | Delete as appropriate |
| **(H1)** **Social Care provision** | | Delete as appropriate |
| **(H2) any other Social Care provision** | | Delete as appropriate |

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| **Section E** | Sensory and/or Physical | |
| (E) Outcome(s) sought for the child or young person, by the end of the current Key Stage or phase of education, which relate to any Sensory and/or Physical needs summarised in Section B: Delete as appropriate Action Plan to achieve outcome  * Please see XXX’s Setting Support Plan / Individual Education Plan for details of short term actions drawn up by school staff with support from appropriate professionals | | |
|  | | **The provision to meet these outcomes** |
| **(F) Education Provision** | | Delete as appropriate |
| **(G) Health Provision** | | Delete as appropriate |
| **(H1)** **Social Care provision** | | Delete as appropriate |
| **(H2) any other Social Care provision** | | Delete as appropriate |

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| **Section E** | Self-Care and Independence (including preparation for adulthood) | |
| (E) Outcome(s) sought for the child or young person, by the end of the current Key Stage or phase of education, which relate to any Self-Care and Independence (including preparation for adulthood) needs summarised in Section B: Delete as appropriate Action Plan to achieve outcome  * Please see XXX’s Setting Support Plan / Individual Education Plan for details of short term actions drawn up by school staff with support from appropriate professionals | | |
|  | | **The provision to meet these outcomes** |
| **(F) Education Provision** | | Delete as appropriate |
| **(G) Health Provision** | | Delete as appropriate |
| **(H1)** **Social Care provision** | | Delete as appropriate |
| **(H2) any other Social Care provision** | | Delete as appropriate |

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| Arrangements for Review and Monitoring | |
| **How will this plan be reviewed?** | ***Name’s*** EHCP must be reviewed every 12 months, as a minimum. The review will focus on ***name*** and will look at the progress towards achieving the outcomes specified in ***his/her*** EHC Plan. The review must consider whether the outcomes suggested for ***name*** remain appropriate. Where outcomes are met, new ones can be set as appropriate. The plan must continue to contain outcomes which should enable the young person to complete their education and training successfully and so move on to the next stage of their lives, including employment or higher education and independent living.  The plan must be reviewed in line with statutory guidelines and should put the young person and their families at the centre of the process. ***Name, name’s*** parents and any professionals involved (including the LA) should be invited to the annual review.  Reviews will be held at the educational provision, and will be led by a relevant person within the setting. The educational setting must seek relevant, up to date, advice and information about ***name*** before ***his/her*** review. |
| **Arrangements for setting and reviewing shorter term goals** | Agencies (including schools) will maintain a plan (e.g. Individual Support Plan), that sits alongside this EHCP which allows for shorter term targets to be set and which can be reviewed regularly to ensure the child/young person is on track to achieve the outcomes specified above. |
| **Identified Lead responsible for reviewing this plan and contact details.** | SENCo at school or college attended  Name:  Contact Details: |

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| Section F continuedIn order to support the Outcomes identified above the following educational provision has been agreed: |
| Choose an item.  Choose an item. |

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| **Section I Education Placement** To be included in final EHCP | | | |
| **Name of setting:** |  | **Type of setting:** | Choose an item. |

#### **Delete as appropriate**

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| **Section J Personal Budget**  **(Monetary resources attached to the EHC Plan)** |
| No personal budget requested |

#### **OR**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section J Personal Budget**  **(Monetary resources attached to the EHC Plan)** | | | | | | | |
| **Cost of support** | **Indicative Budget** | **How the budget will be managed:** | | | | | **Total Annual cost** |
| **Parent carers (direct payment)** | **Education provider** | **Health** | **3rd party provider** | **Local Authority** |
| **Education (element 2 held by school/college)** |  |  |  |  |  |  |  |
| **Education (element 3 allocated by Local Authority)** |  |  |  |  |  |  |  |
| **Health (continuing care)** |  |  |  |  |  |  |  |
| **Care (Disabled Children and Young People Service funding)** |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |

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| **Section K Advice and Information**  **Advice and information gathered during EHC needs assessment** | | |
| **Type of Advice and Provider** | **Completed by (name and role):** | **Date of completion:** |
| **Appendix A – Parental Contribution** | ***A1****: Family Contribution towards the EHCP assessment*  Name - Student  Name - Parent | EHCP meeting held |
| **Appendix B – Educational Advice** | ***B 1:***  Choose an item. | EHCP meeting held |
| **Appendix C – Health Advice** | ***C1:***  Choose an item. |  |
| **Appendix D – Psychological Advice** | ***D1:***  Choose an item. |  |
| **Appendix E – Advice from Social Care** | ***E1:***  Choose an item. |  |
| **Appendix F** **– Advice from Others** | ***F1 :***  Choose an item. |  |

Reviewed April 2017

Next review April 2018