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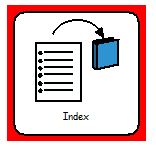
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**Name’s Education, Health and Care Plan (EHC Plan)**

****

|  |  |
| --- | --- |
| Date of Draft/Proposed Amended EHC Plans: |  |
| Date of Final/Amended Final EHC Plans: |  |
| Current EHC Plan Version Number |  |
| Date that the next Annual Review will need to take place by  *(The first Annual Review* ***must*** *be held within 12 months of the date when the EHC Plan was issued. Subsequent Annual Reviews* ***must*** *be held within 12 months of any previous Annual Review. For children under 5, this* ***must*** *instead be held every 3-6 months.)* |  |
| Signed by the designated officer on behalf of Dorset Council | Signature:  Name: |

CONTENTS

**General information**

All the information that will help us keep in touch.

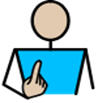
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| --- | --- |
| **SECTION A** | **All about me**  Section A is all about me; my aspirations, my likes and dislikes, my strengths and difficulties, how to best communicate and engage with me. My parents/carers also record their views here. |
| **SECTION B**  **SECTION C**  **SECTION D** | **A summary of my Education, Health and Care Needs**  Sections B, C and D are a summary of my special educational needs and any other health or care needs. This summary has come from what I and my parents/carers have said and what the professional assessments have identified. |
| **SECTION E** | **My outcomes**  Section E shows the outcomes that we have agreedand any steps I need to take to achieve them. |
| **SECTION F** | **The special educational provision required for me to achieve my outcomes**  This explains what is needed, what is going to happen, who is going to do it, what skills, qualifications or training they require, how often it will be made available and when it will be reviewed. |
| **SECTION G**  **SECTION H1**  **SECTION H2** | **The health and social care provision that is needed**  This shows what health provision is reasonably required as a result of my learning difficulties, and if I am under 18, any social care provision that is required resulting from Section 2 of the Chronically Sick and Disabled Persons Act 1970, and any other social care provision that I might reasonably need because of my learning difficulties. |
| **SECTION I**  **SECTION J** | **Finalising the Plan**  Section I is where the name and type of setting, school or college I will be attending is recorded and Section J gives the details of any personal budget we are receiving. |
| **SECTION K** | **Reports and assessments**  Section K contains a list of all of the reports and assessments that have been used to write my EHC Plan. |

|  |
| --- |
| **How we will use the information in this EHC Plan:**   * We will ensure that your information remains confidential. * The information that is recorded in this plan will be shared with those who have contributed advice, those listed in the contacts and other practitioners, where appropriate. * A copy of the EHC Plan will be kept on file by all teams are involved in providing support and a copy will be sent to the relevant Clinical Commissioning Group and GP. This EHC Plan must not be photocopied or distributed to anyone who falls outside of this remit. * As practitioners we respect confidentiality and will observe all safeguarding and child protection procedures. |

****

GENERAL INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child/Young Person’s details** | | | | |
| First name/s |  | Middle name/s | |  |
| Surname/s |  | Prefers to be known as (if different from first name) | |  |
| Date of birth |  | Main method of communication | |  |
| Sex |  | Gender and preferred pronouns | |  |
| Home address |  | | | |
| Telephone number (if over 16) |  | Email address (if over 16) | |  |
| Ethnicity |  | Religion | |  |
| Languages spoken at home |  | Is interpretation required? | |  |
| **Parents’/Carers’ details** | | | | |
| Name and title |  | |  | |
| Address |  | |  | |
| Telephone number |  | |  | |
| Email address |  | |  | |
| Name of those with Parental Responsibility |  | |  | |
| Name/s of siblings |  | | | |
| **Social Care details** | | | | |
| Legal Status | Identified as a ‘Child in Care’? | | Yes / No | |
| Identified as a ‘Care Leaver’? | | Yes / No | |
| Subject to a Child Protection Plan? | | Yes / No | |
| Subject to a Child in Need Plan? | | Yes / No | |
| Subject to any other Care Order? | | Yes / No | |
| Name and contact details of Social Worker (if applicable) |  | | | |
| Name, address and contact details of Social Care Team (if applicable) |  | | | |
| *The local authority may also choose to specify other social care needs which are not linked to the child or young person’s SEN or to a disability. This could include reference to any child in need or child protection plan which a child may have relating to other family issues such as neglect. Such an approach could help the child and their parents manage the different plans and bring greater co-ordination of services. Inclusion must only be with the consent of the child and their parents* | | | | |
| Consent to include this information has been given | | | Yes / No | |
| **Educational Placement details** | | | | |
| Name of current educational placement |  | | | |
| Previous educational placements and types attended, and dates of attendance |  | | | |
| Is the Child/Young Person being educated in their chronological year group? If not, please give details. | Yes / No | If not, has this been agreed by the Local Authority? | | Yes / No |
| Unique Pupil Number (UPN) |  | | | |
| **Health details** | | | | |
| Name of GP |  | NHS Number | |  |
| Address of GP |  | Is the Child/Young Person on their GP’s Learning Disability register? | | Yes / No |
| In receipt of Continuing Care package (if under 18)? | Yes / No | In receipt of Continuing Healthcare package (if over 18)? | | Yes / No |

SECTION A

**All About Me**

Please feel free to attach your own ‘one-page profile’ if you have made one with your family, carers or professionals. Whilst this section can be filled out on behalf of the Child/Young Person, it must reflect their views, wishes and aspirations.

|  |
| --- |
| **My views and aspirations**  Pleasecomment in relation to leisure, friendships, further education,  adult life, independent living, work and training. |
|  |

|  |
| --- |
| **My story**  A brief history of the Child/Young Person, including any diagnoses and dates,  key events in their life, school moves etc. |
|  |

|  |
| --- |
| **My likes and dislikes** |
|  |

|  |
| --- |
| **What I am good at** |
|  |

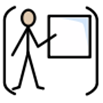
|  |
| --- |
| **What I find most difficult** |
|  |

|  |
| --- |
| **How best to communicate with me**  For example, this could be through speech, visual resources,  Makaton, British Sign Language, TaSSels etc. |
|  |

|  |  |
| --- | --- |
| **The important people in my life; family, friends and favourite people** | |
| **Name** | **Relationship** |
|  |  |

|  |
| --- |
| **Did anyone help me complete Section A or complete on my behalf?** |
|  |

|  |
| --- |
| **My Parents’/Carers’ views and aspirations for me**  Please comment in relation to education, play, health, friendships,  sixth form/college/further education, independent living and employment. |
|  |

SECTION B

**Educational Needs**

|  |  |  |
| --- | --- | --- |
| **Areas of Needs:**   1. Communication and Interaction 2. Cognition and Learning 3. Social, Emotional and Mental Health 4. Sensory and/or Physical | **Primary area of need** |  |
| **Summary of Special Educational Needs and diagnoses** |  |

|  |
| --- |
| **Cognition and Learning** |
| **Strengths** |
|  |
| **Special Educational Needs and how these affect learning** |
|  |

|  |
| --- |
| **Communication and Interaction** |
| **Strengths** |
|  |
| **Special Educational Needs and how these affect learning** |
|  |

|  |
| --- |
| **Social Emotional and Mental Health** |
| **Strengths** |
|  |
| **Special Educational Needs and how these affect learning** |
|  |

|  |
| --- |
| **Physical and Sensory Needs** |
| **Strengths** |
|  |
| **Special Educational Needs and how these affect learning** |
|  |

SECTION C

**Health Needs**

|  |
| --- |
| **Health needs which relate to the Child/Young Peron’s**  **Special Educational Needs and Disabilities** |
|  |
| **Any other health needs** |
|  |

SECTION D

**Social Care Needs**

|  |
| --- |
| **Social care needs which relate to the Child/Young Person’s**  **Special Educational Needs and Disabilities** |
|  |
| **Any other social care needs** |
|  |

SECTION E

**Outcomes**

An outcome is described as “the benefit or difference made to an individual as a result of an intervention”.

Outcomes must be related to each identified area of the Child/Young Peron’s Special Educational Needs and also link with their aspirations. They must be SMART: Specific, Measurable, Achievable, Realistic and Time-Bound.

Outcomes must also be linked to the Preparation for Adulthood (PFA) sections listed below; in particular for those in Year 9 and above. This will mean different things for different Children and Young People as they are unique and develop at different rates, and therefore outcomes will need to be tailored to their individual aspirations, needs and developmental age/stage.

For more detailed information, visit:

[Preparing for Adulthood: All Tools & Resources - NDTi](https://www.ndti.org.uk/resources/preparing-for-adulthood-all-tools-resources)

[FA-Prep-for-Adulthood-Transition-18.pdf (family-action.org.uk)](https://www.family-action.org.uk/content/uploads/2018/06/FA-Prep-for-Adulthood-Transition-18.pdf)

[Pathway to adulthood for a young person with an EHC plan - Dorset Council](https://www.dorsetcouncil.gov.uk/children-families/sen-and-disability-local-offer/preparing-for-adulthood/pathway-to-adulthood-for-a-young-person-with-an-ehc-plan)

**PFA 1.** Progression to further/higher education, training and/or employment

**PFA 2.** Independent living and housing

**PFA 3.** Friendships, relationships and being part of the community

**PFA 4.** Being as healthy as possible in adult life

If the current outcomes do not relate to Preparation for Adulthood, please include additional outcomes for each PFA section (1-4).

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **[Child/young person’s name] will achieve the following outcomes**  **by [date / end of Key Stage / end of year].** | | | | | | | | | | |
| **Outcomes** | Please put an ‘X’ next to the services providing support in relation to the outcome, and the ‘Preparing for Adulthood’ sections that each outcome works towards | | | | | | PFA 1 | PFA 2 | PFA 3 | PFA 4 |
| **Outcome 1** |  | | | | | |  |  |  |  |
| Education |  | Health |  | Social Care |  |  | | | |
| **Outcome 2** |  | | | | | |  |  |  |  |
| Education |  | Health |  | Social Care |  |  | | | |
| **Outcome 3** |  | | | | | |  |  |  |  |
| Education |  | Health |  | Social Care |  |  | | | |
| **Outcome 4** |  | | | | | |  |  |  |  |
| Education |  | Health |  | Social Care |  |  | | | |
| **Outcome 5** |  | | | | | |  |  |  |  |
| Education |  | Health |  | Social Care |  |  | | | |
| **Outcome 6** |  | | | | | |  |  |  |  |
| Education |  | Health |  | Social Care |  |  | | | |

**Arrangements for monitoring progress and setting short term targets**

**Child or Young Person** should have an Individual Support Plan (ISP) or equivalent with short-term targets, achievable within a term (or less for younger children) linked to the outcomes on the EHC Plan, maintained by their educational setting. The ISP should detail strategies provided by professionals that contributed to this EHC Plan and any further advice which might be provided by relevant professionals, to advise the short-term targets.

The ISP targets should be SMART (Specific, Measurable, Achievable, Realistic and Time-Bound), and should be regularly monitored and evaluated, with involvement from and in close consultation with **Child or Young Person** and their parents/carers.

There should be regular review meetings to monitor and evaluate **Child or Young Person’s** desired outcomes, to identify and continue with successful strategies, and to modify less successful approaches.

There should be close liaison between all professionals and parents/carers to exchange information and ensure a consistency of approach and implementation of programmes to meet **Child or Young Person’s** desired outcomes.

SECTION F

**Special Educational Provision**

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome X** |  | | |
| **Steps towards the outcome** |  | | |
| Provision and Provider (e.g. Learning Support Assistant, Speech and Language Therapist, Occupational Therapist etc.) | | Specificity (number and length of sessions per day/week/term/year) | How often the support will be reviewed, and by whom |
|  | |  |  |

SECTION G

**Health Provision**

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome X** |  | | |
| Provision and Provider (e.g. CAMHS Practitioner, Physiotherapist, Neurology Department etc.) | | Specificity (number and length of sessions per day/week/term/year) | How often the support will be reviewed, and by whom |
|  | |  |  |

SECTION H1

**Social Care Provision**

This section sets out 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 (CSDPA).

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome X** |  | | |
| Provision and Provider (e.g. Social Worker from the Disabled Children’s Team, Practitioner from the Short Breaks Team etc.) | | Specificity (number and length of sessions per day/week/term/year) | How often the support will be reviewed, and by whom |
|  | |  |  |

SECTION H2

**Social Care Provision**

This section sets out any other social care provision reasonably required due to the learning difficulties or disabilities which result in the Child or Young Person having special educational needs. This will include any adult social care provision being provided to meet a young person’s eligible needs (through a statutory care and support plan) under the Care Act 2014.

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome X** |  | | |
| Provision and Provider (e.g. Social Worker in the Adult Social Care Team or Looked After Children’s Team, etc.) | | Specificity (number and length of sessions per day/week/term/year) | How often the support will be reviewed, and by whom |
|  | |  |  |

SECTION I

**Educational Placement**

|  |  |
| --- | --- |
| **Type of setting** |  |
| **Name of setting** | When issuing the Draft EHC Plan or Proposed Amended EHC Plan, this section must be left blank. The parent/carer/young person can state their preference when the Draft/Proposed Amended EHC Plan is sent to them. |
| **Address of setting** |  |

SECTION J

**Personal Budget**

|  |  |  |
| --- | --- | --- |
| Has a personal budget been requested by the parents/carers or young person? | **Yes** | **No** |

**If no, then the following section of the plan can be removed**

**Key for Funding Source: DP** – Direct Payment   **NB** – Notional Budget   **TPA** – Third Party Arrangements

|  |  |  |
| --- | --- | --- |
| **Education Outcomes to be achieved by the budget** | **Description of provision agreed**  Explain how this budget will meet the outcomes, including a description of the provision agreed. Refer to numbered outcomes in Section E of this EHC Plan. | **Budget and funding source** |
| **Outcome/s -** |  |  |
| **Outcome/s -** |  |  |
| **Total Education budget** | |  |
| **Health Outcomes to be achieved by the budget** | **Description of provision agreed**  Explain how this budget will meet the outcomes, including a description of the provision agreed. Refer to numbered outcomes in Section E of this EHC Plan. | **Budget and funding source** |
| **Outcome/s -** |  |  |
| **Outcome/s -** |  |  |
| **Total Health budget** | |  |
| **Social Care Outcomes to be achieved by the budget (including Short Breaks)** | **Description of provision agreed**  Explain how this budget will meet the outcomes, including a description of the provision agreed. Refer to numbered outcomes in Section E of this EHC Plan. | **Budget and funding source** |
| **Outcome/s -** |  |  |
| **Outcome/s -** |  |  |
| **Total Social Care budget** | |  |

SECTION K

**Appendices of Reports, Assessments and Advice**

**Add rows as necessary and move previous information from underneath ‘advice obtained since last Annual Review’ to the top boxes after each AR.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name and Title** | **Role** | **Service** | **Contact details** | **Type of Advice** | **Date of report/ contribution** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Advice obtained by the authority since the last Annual Review of the Child/Young Person** | | | | | |
|  |  |  |  |  |  |
|  |  |  |  |  |  |