

Education, Health and Care Plan

Name:

DOB:

This box has been left blank to allow the child, parent or young person to add a symbol, image or drawing etc of their choice - its use is optional

Date of Plan:
Issue Number:

Name of child/young person:

DOB:

NHS No:

Contents

Personal Details

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Name of child/young person:

DOB:

NHS No:

PERSONAL DETAILS**1. DETAILS OF THE CHILD OR YOUNG PERSON**

Child/ Young Person's Name:	First Name	Surname	DOB:	
Child/ Young Person's Preferred Name:			Gender:	
Address:			NHS No:	
Looked after by Local Authority?			Child in Need:	If Yes note dates
School/ College/ Setting:			Current Year Group:	
Home Language: (inc British Sign Language)	Parent: Child or Young Person:		Is an Interpreter required: Parent: Child or Young Person:	
Ethnicity:			Religion:	
Code of Practice Category of Need	Communication and Interaction		<input type="text"/>	
	Cognition and Learning		<input type="text"/>	
	Social, Emotional and Mental Health		<input type="text"/>	
	Sensory and/or Physical		<input type="text"/>	

Name of child/young person:

DOB:

NHS No:

Full Names of those with Parental Responsibility: (e.g. for Looked After Children: Name of Contact Social Worker):		Full Names, addresses of Other Persons with Parental Responsibility:	
Relationship to Child/ Young Person: e.g. parent, grandparent, foster carer		Relationship to Child/ Young Person: e.g. parent, grandparent, foster carer	
Address of Person with Parental Responsibility: (If different from child/ young person) Not applicable			
Telephone Number (Parent):			
Email Address (Parent):		Please advise how and when is best to contact:	

Name of child/young person:

DOB:

NHS No:

SECTION A – VIEWS, INTERESTS AND ASPIRATIONS OF (Insert Name of Child) AND THEIR PARENTS OR THE YOUNG PERSON

ALL ABOUT YOU (IF YOUNG PERSON) OR YOUR CHILD

This section should be completed by the parents, young person or child. It should be updated, as required, at every annual review.

Please note the source of information below:

Written by	Information provided by

You (if young person) or your child's journey so far. (Please provide a brief history of you (if young person) or your child. You may wish to think about your/ their health, eating/ sleeping, developmental milestones, social skills and relationships, attitude to school, taking part in activities in and out of school).

Things that you/he/she is interested in, enjoys doing, is good at, might want to be better at, learn to do, will need help with at home, in the educational setting and in the community.

Tell us what is important to you (if young person) or your child. (e.g. it may be important to you or your child to use a computer).

Tell us about what is important for you (if young person) or your child. (e.g. it may be important for your child to ensure that there is safe access to the internet).

What are your (if young person) or your child's dreams/aspirations and hopes or goals for the future?

Name of child/young person:

DOB:

NHS No:

People who are important to me:

(Insert child or young person's name) has participated in developing this plan in the following ways:

(Insert child or young person's name) communicates by:

The people who attended my (my child/young person's) planning meeting(s) were:

Name

Role

Name of child/young person:

DOB:

NHS No:

SECTION B – THE CHILD OR YOUNG PERSON’S SPECIAL EDUCATIONAL NEEDS

<p>Please describe below all of the needs that have been identified in the EHC Needs Assessment.</p> <p>Only identify needs in the areas applicable. Please also identify strengths in these areas.</p> <p>Please remove any boxes that are not required.</p>	
<p>Communication and Interaction</p>	<p>Strengths:</p> <ul style="list-style-type: none"> • Insert text • Insert text • Insert text <p>Special Educational Needs:</p> <ol style="list-style-type: none"> 1) Insert text 2) Insert text 3) Insert text
<p>Cognition and Learning</p>	<p>Strengths:</p> <ul style="list-style-type: none"> • Insert text • Insert text • Insert text <p>Special Educational Needs:</p> <p>Continue with numerical sequence, i.e. 4)</p>
<p>Social, Emotional and Mental Health</p>	<p>Strengths:</p> <ul style="list-style-type: none"> • Insert text • Insert text • Insert text <p>Special Educational Needs:</p> <p>Continue with numerical sequence, i.e. 5)</p>
<p>Sensory and/or Physical</p>	<p>Strengths:</p> <ul style="list-style-type: none"> • Insert text • Insert text • Insert text <p>Special Educational Needs :</p> <p>Continue with numerical sequence, i.e. 6)</p>

Name of child/young person:

DOB:

NHS No:

SECTION C – CHILD OR YOUNG PERSON’S HEALTH NEEDS WHICH RELATE TO THEIR SEN

Please describe the Health needs that have been identified in the EHC Needs Assessment (please note if none were identified)

1)

The Clinical Commissioning Group may also choose to specify other health care needs which are not related to the child or young person’s SEN (for example a long-term condition which might need management in a setting)

1)

SECTION D – CHILD OR YOUNG PERSON’S SOCIAL CARE NEEDS WHICH RELATE TO THEIR SEN

Please describe the Social Care needs that have been identified in the EHC Needs Assessment (please note if none were identified)

1)

Please specify other Social Care Needs which are not linked to (insert child or young person’s name) SEN e.g. reference to a child in need / child protection plan - must have the permission of parents / carers.

1)

SECTIONS E AND F – THE OUTCOMES SOUGHT FOR THE CHILD OR YOUNG PERSON AND THE SPECIAL EDUCATION PROVISION REQUIRED BY THE CHILD OR YOUNG PERSON

Outcomes should be those to be achieved by the end of the Key Stage, Primary, Secondary or Further Education. An outcome must be specified for each need identified in Section B.

Settings, schools and colleges must ensure that short term targets are set, linked to outcomes on at least an annual basis. These short term targets should be reviewed on at least an annual basis.

Outcomes must be SMART (Specific, Measureable, Achievable, Realistic and Time Limited).

Please remove any boxes that are not required

Communication and Interaction

Need identified in Section B Number:	
E. Outcome/s	

Name of child/young person:

DOB:

NHS No:

F. Provision	What is required and how frequently will it be delivered	Who will deliver and review it

Need identified in Section B Number:		
E. Outcome/s		
F. Provision	What is required and how frequently will it be delivered	Who will deliver and review it

Cognition and Learning

Need identified in Section B Number:		
E. Outcome/s		
F. Provision	What is required and how frequently will it be delivered	Who will deliver and review it

Need identified in Section B Number:		
E. Outcome/s		
F. Provision	What is required and how frequently will it be delivered	Who will deliver and review it

Social, Emotional and Mental Health

Need identified in Section B Number:		
E. Outcome/s		
F. Provision	What is required and how frequently will it be delivered	Who will deliver and review it

Need identified in Section B Number:		
E. Outcome/s		

Name of child/young person:

DOB:

NHS No:

F. Provision	What is required and how frequently will it be delivered	Who will deliver and review it

Sensory and/or Physical

Need identified in Section B Number:		
E. Outcome/s		
F. Provision	What is required and how frequently will it be delivered	Who will deliver and review it

Need identified in Section B Number:		
E. Outcome/s		
F. Provision	What is required and how frequently will it be delivered	Who will deliver and review it

SECTION G – PROVISION (HEALTH) – Any health provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN

Need identified in Section C Number:		
E. Outcome/s		
G. Provision	What is required and how frequently will it be delivered	Who will deliver and review it

SECTION H1 - PROVISION (SOCIAL CARE) - 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)

Need identified in Section D Number:		
E. Outcome/s		
H1. Provision	What is required and how frequently will it be delivered	Who will deliver and review it

Name of child/young person:

DOB:

NHS No:

SECTION H2 - PROVISION (SOCIAL CARE) - Any Social Care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN

Need identified in Section D Number:		
E. Outcome/s		
H2. Provision	What is required and how frequently will it be delivered	Who will deliver and review it

SECTION I – EDUCATION PLACEMENT (This section is completed when the FINAL Plan is issued)

Please note that transport is not normally included in the EHCP. Parents/carers and/or young people are responsible for their transport to the institution named below. The City Council does offer assistance in some cases. To find out more about your transport entitlement, please see the City Council transport policies on www.peterborough.gov.uk/schooltransport or telephone 01733 317455.

EDUCATION PLACEMENT	
Indicate the type of institution to be attended by the child or young person school – i.e. school, maintained nursery school, Post 16 institution or other type of setting	
Indicate the name of the institution to be attended by the child or young person	

SECTION J – PERSONAL BUDGET (This section is completed when the FINAL Plan is issued)

Education breakdown	Health breakdown	Social Care breakdown
Element 1 £		
Element 2 £		
Element 3 £		
Special school placement Y/N		

Have the family made a request for a Direct Payment?		Yes	No
Direct Payment Details (this section will only be completed if a request for a Direct Payment has been agreed)			
SOURCE	TYPE	AMOUNT (£)	GOODS & SERVICES TO BE SECURED AND OUTCOMES TO BE MET
Where is the funding for the Direct Payment coming from? Education, Health, Social Care or a mixture?	How will the Direct Payment be managed? As a direct payment, a notional arrangement, 3 rd party arrangement or a mixture?	What is the Direct Payment amount?	How will the Direct Payment be used? What will it be used to purchase and which outcomes

Name of child/young person:

DOB:

NHS No:

			detailed in the EHC Plan will the Direct Payment contribute to?

SECTION K – ADVICE AND INFORMATION

Education, Health and Care Needs Assessment

Date:

Report	Date	Author/contributor	Attended Planning Meeting Y / N

Arrangements for review of the EHCP
A review of the EHCP must be completed within 12 months of the date of issue of the Plan. The review meeting must be held at least 8 weeks in advance of this date.

Signed

Dated

Designated SEN Officer

Signed

Dated

Parent or Young Person

Name of child/young person:

DOB:

NHS No:

SECTION L – EHC Plan ANNUAL REVIEW

*This document is intended to be used to **summarise** the annual review meeting.
The document can be submitted typed or handwritten.*

This document does not replace educational or other specialist services advice; this advice should have been circulated 2 weeks before the review meeting (for more details please see the Local Offer).

Please use this form only – do not annotate the Plan.

Please complete ALL boxes and do not alter the form.

You do not need minutes of the meeting.

All personal details MUST be checked and completed

Name of child/young person:		Date of Birth:	
Name of parent/carer:			

Address of child/young person:		Telephone number:	
		Email:	
Address of parent/carer if different from child/young person:		Contact details:	

Date of annual review:		Preferred method of communication:	
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School:		Year group:	
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CLA? (Child Looked After)/ Social Care status	Yes/No	Should this EHCP be maintained?	Yes/No
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Name and role of those who submitted advice to the review (circulated 2 weeks before the meeting)

Name	Role	Date of advice

Was advice circulated 2 weeks before the meeting? (✓)	Yes	No
If not, please advise why		

Name of child/young person:

DOB:

NHS No:

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Name and role of those who attended the Annual Review:

Name	Role
	Child/young person
	Parent/carer
	Chair

Please tick (✓) main category of need below (one only)

Communication & Interaction	<input type="checkbox"/>
Cognition & Learning	<input type="checkbox"/>
Social, emotional & mental health	<input type="checkbox"/>
Sensory &/or physical	<input type="checkbox"/>

<p>Summary of current levels, e.g EYFS, core subjects, reading age, spelling age, etc. If post 16, please identify the course the young person is studying. <i>What kind of support was the pupil provided with to ensure that they could show their learning/understanding?</i> <i>Has progress been made – please also include levels from last year.</i></p>

Please tick (✓) the sections in the box below to indicate where any proposed amendments to the EHC Plan are.

Section A	Section B	Section C	Section D	Section E/F	Section G/H
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the sections below to record any changes requested to the EHCP at the Annual Review.

All Requested changes require supporting evidence/information.

Is the picture on the front page of the EHC Plan up to date?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

If no, please provide photo/picture that is important to the child/young person.
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Name of child/young person:

DOB:

NHS No:

This does not have to be an image of the child/young person, it can be something that is important to them.

SECTION A views, interests and aspirations of the child/young person and their parents

If there are updates to this section, please attach a one page profile to include: Journey so far/Interests/Good at/Might want to do better/Important to you/Important for you/Dreams/Aspirations/People Important to me, etc.

SECTION B the child or young person’s Special Educational Needs

Has the child/young person’s strengths or special educational needs changed? If so, please detail below:

Strengths/Needs that no longer exist (please indicate whether it is a strength or a need)	Strengths/New needs identified or amendments (evidence must be submitted where appropriate)
Communication & Interaction	
Strength: • Needs: •	Strength: • Needs: •
Cognition & Learning	
Strength: • Needs: •	Strength: • Needs: •
Social, Emotional & Mental Health	
Strength: • Needs: •	Strength: • Needs: •
Sensory &/or Physical	
Strength: • Needs: •	Strength: • Needs: •

Name of child/young person:

DOB:

NHS No:

SECTION C the child or young person’s Health Needs

Have the child/young person’s health needs changed? If so, please detail below:

Needs that no longer exist	New needs identified or amendments that need to be made (evidence must be submitted)

SECTION D the child or young person’s Social Care Needs

Have the child/young person’s social care needs changed? If so, please detail below:

Needs that no longer exist	New needs identified or amendments that need to be made (evidence must be submitted)

SECTION E and F – OUTCOMES & PROVISION

If the Young Person is in Year 9 or above, please indicate which Outcomes relate to the ‘Preparing for Adulthood (PfA)’ agenda. The four PfA areas include: Community, Employability, Housing & Health.

NB: If there are none, some will need to be added. There is an expectation that at least one PfA Outcome should be included for a year 9 student, at least two for year 10 and at least three for year 11 and above.

Current outcomes		
Outcome	Progress made – How has this been met?	Has this been met?
Communication & Interaction		
Cognition & Learning		
Social, Emotional & Mental Health		
Sensory &/or Physical		

Name of child/young person:

DOB:

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New outcomes		
Outcome	Provision	Is this a PFA target?
Communication & Interaction		
Cognition & Learning		
Social, Emotional & Mental Health		
Sensory &/or Physical		

Transition planning (Planning for journey to next phase of education):

Parent/young person's comments:

Please indicate how the Child/Young Person participated in this review (please tick ✓):

Attended whole review	<input type="checkbox"/>
Attended part of the review	<input type="checkbox"/>
Views gathered prior to review	<input type="checkbox"/>
Reasons why the child did not attend	

Was everyone at the meeting in agreement with the proposed amends? **Yes** or **No**

Name of child/young person:

DOB:

NHS No:

If No, please specify:

Please return this form by the BOX secure email system or by post to your allocated SAM Officer. Please telephone 01733 863675 if you require support.

The form MUST be returned within 2 weeks of the meeting. If advices were not circulated two weeks before the review meeting, they MUST accompany this documentation.

This information will be used in accordance with the Data Protection Act 1998 and other relevant legislation. Peterborough City Council's commitment and responsibilities can be found at

http://www.peterborough.gov.uk/council_and_democracy/data_protection_act_1998.aspx

or a hard copy can be provided to you if you would prefer.

FOR OFFICE USE ONLY

AR Panel meeting date	
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Decision:

SAM Assistant changes	<input type="checkbox"/>
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SAM Officer follow up	<input type="checkbox"/>
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Updated:24/11/2017