

|  |  |
| --- | --- |
|  | Outline plan |
|  | Draft plan |
|  | Final Plan |
|  | Proposed amended |
|  | Final Amended |

**Known as**

**Date of birth**

**Gender**

**PHOTO**

**Address**

**Postcode**

**Tel no. NHS/NI number**

**Current educational placement**

**Date of first final plan:**

 **Date of this final plan:**

 **Annual Review due:**

****

**Initial person to contact**

**Preferred method of contact**

**Home Language**

**Is an interpreter required?**

**Is there anything that makes it difficult to attend appointments or meetings?**

 **Looked After Child?**

 **Parents/Carers (if applicable)**

**Parent/Carer name Parent/Carer name**

**Address Address**

**Telephone Number Telephone Number**

**Email**

**Who has parental responsibility?**

# SECTION A

### Please complete the My Profile template or add your own onto this page.

### My Profile

|  |
| --- |
|   **How I communicate** |
|  |
|  What people like and admire about me... |
|  |
|  My parents/carers views |

|  |
| --- |
|   What and who is important to me now... |
|  |
|  My aspirations and goals for the future (including my family's)... |
|  |
|  How I like to be supported |

# My summary of needs including any diagnoses

 **Section B: Special Educational Needs**

|  |
| --- |
| **Overview including diagnosis** |
|  |

Cognition and Learning- Higher Education and Employment

|  |
| --- |
| **Strengths (What is working well)** |
|  |

|  |
| --- |
| Needs / Concerns (What is not working so well) |
|  |

Communication and Interaction-Friends, Relationships and Community Inclusion

|  |
| --- |
| Strengths (What is working well) |
|  |

|  |
| --- |
| Needs / Concerns (What is not working so well) |
|  |

Social, Emotional and Mental

|  |
| --- |
| **Strengths (What is working well)** |
|  |

|  |
| --- |
| Needs / Concerns (What is not working so well) |
|  |

 Sensory and Physical Health- Good Health

|  |
| --- |
| **Strengths (What is working well)** |
|  |

|  |
| --- |
| Needs / Concerns (What is not working so well) |
|  |

Independent Living

|  |
| --- |
| **Strengths (What is working well)** |
|  |

|  |
| --- |
| Needs / Concerns (What is not working so well) |
|  |

 **Section C: Health needs related to SEN**

**Include any diagnoses, sensory or physical development needs.**

**Is there a Health Care Plan in place?** *(delete as appropriate):* **Yes / No**

|  |
| --- |
|   |

 Section G: **Health provision**

|  |  |  |
| --- | --- | --- |
| **Description of provision** | **How oftenwill this happen?** | **By whom?** |
|  |  |  |

 **Section D: Social care needs related to
 SEN or disability**

**Family and Community Life**

|  |
| --- |
|  |

 **H1: Social Care Provision** (which must be made for a child or young person under 18 under the Chronically Sick and
 Disabled Persons Act 1970)

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome** | **Description of provision** | **How oftenwill this happen?** | **By whom?** |
|  |  |  |  |

 **H2: Social Care Provision** (any other provision reasonably required by the learning difficulty/disability as aresult of the child
 or young person having SEN)

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome** | **Description of provision** | **How oftenwill this happen?** | **By whom?** |
|  |  |  |  |

 **Section E:
 Review and monitoring arrangements**

**Education**

In addition to the setting’s usual arrangements for reviewing progress and target setting for all, the following arrangements are necessary:

The setting, in consultation with X’s parents, will agree short-term targets for X and incorporate them into an individualised learning plan within the first two months after this EHC Plan is finalised.

**The short-term targets will be monitored, evaluated and updated at least three times a year.**

**X should be actively involved in setting their targets and monitoring them.**

**There should be close home/setting liaison.**

Every year, this EHC Plan will be monitored by the authority through the annual review process.

X has a number of long term outcomes that focus on how they can progress with their learning up to the end of the next Key Stage. Long term outcomes are to be achieved by **the end of the current Key Stage.**

**As a minimum from Year 9 onwards the EHC Plan and the Outcomes MUST be linked to Preparation for Adulthood.**

Remember that the Long Term Outcomes must be linked to needs within Section B. Please remember to specify the area of need this outcome relates to, for example Independent Living, Friends, Relationships and Community Inclusion or Cognition and Learning.

**Action Plan: Needs, Outcomes and Provision**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Short term outcome** | 1. **Description of provision which will be delivered by the setting**
2.

**Child Forename** | **How often and how long?**(Quantify) | **Who will provide the help?**  | **How will this be** **measured / reviewed?** |
| 1. Long term outcome –
 |
| **Short term outcome** |  |  |  |  |
| Long term outcome - |
| **Short term outcome** |  |  |  |  |
| Long term outcome - |
| **Short term outcome** |  |  |  |  |
| Long term outcome - |
| **Short term outcome** |  |  |  |  |
| Long term outcome - |
| **Short term outcome** |  |  |  |  |

 **Section F: Educational provision**

**Any further provision not detailed above that is required to meet needs including recommended strategies, advice and interventions. Eg hours of support / banding / standard wording (see guidance document). Make it clear how the funding is being used and quantify in terms of how long and how often.**

|  |
| --- |
|  |

 **Section I : Placement**

|  |  |
| --- | --- |
| **Type of provision** | **Name of provision** |
|  |  |

 **Section J: Personal Budget**

**Has a Personal Budget been identified***? (delete as appropriate):* **Yes / No**

**Table to be completed when parents/carers/young person has identified a personal budget.**

|  |  |  |
| --- | --- | --- |
|  | **£’s per annum** | **Type of budget\*** |
| **Educational****What will Personal Budget be used for?** |  |  |
| **Health****What will Personal Budget be used for?** |  |  |
| **Social Care****What will Personal Budget be used for?** |  |  |

\* **Indicative** - this cannot be used to source alternative resources for

**Commissioned** – this service is provided by the Council but a direct payment may be available on request.

**Direct payment** – a payment made to the parent/carer or young person to purchase resources themselves.

**High Needs Block** – funding provided by the Local Authority in addition to the school’s SEN funding.

 **Section K:**

The following people provided information for the original needs assessment.
Please do NOT amend.

**Date of 1st draft EHC Plan Date of 1st Final EHC Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Role** | **How did they contribute?** | **Reportattached?(with outline plan)Yes / No** | **Dated** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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**\*(For EHC Plan Reviews) This EHC Plan has been amended and updated f
 for the reasons detailed below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reason for change** | **Notified by** | **Date of meeting** | **Date report received** | **Date final amended plan issued** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Next Annual Review due on or before:**

**Signed (designated LA officer):**

**Date:**

3502b-JH-May21