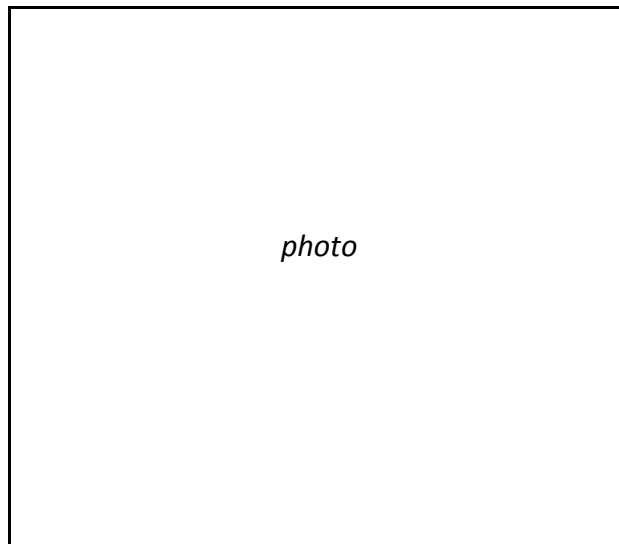


My Education, Health and Care Plan



Date of this Draft/final Plan:

EALING EDUCATION, HEALTH AND CARE PLAN (EHC PLAN)

Personal information

<u>CHILD / YOUNG PERSON</u>				
Surname		Other Names Preferred name		
Home Address		Gender		
		Religion		
		Ethnicity		
Date of Birth		Home Language		
NHS No.		Legal Care Status		
GP Name		Child/YP/Adult email:		
Address				
Tel No				
<u>My family and people who are important to me</u>				
Name	Why are they important to me (relationship)*	Address	Tel no.	Email

* please indicate who has parental responsibility by adding 'PR' in this column

SECTION A: ALL ABOUT ME

This section is about what's important **to** the child/ person what they think is working and what's not working, what needs to change and what they'd like the plan to be as well as what's important **for** the child/ person; what parent/ carer(s) and professionals' views are about their interests and aspirations.

What is important to me

My journey so far

What's working well

What's not working so well and what I'd like to change

My dreams, aspirations and hopes for the future

How I need to be supported to be heard and take part in making decisions

Anything else that you would like to say

PARENTS/ CARERS

What's working well for you when supporting **?**

What's not working well for you when supporting **?**

What are your aspirations for the future for **?**

What else would you like to say

SECTION B: ** STRENGTHS AND SPECIAL EDUCATIONAL NEEDS**

Cognition and learning

Strengths:

Special educational needs:

Communication and interaction

Strengths:

Special educational needs:

Sensory and/or physical

Strengths:

Special educational needs:

Social, mental and emotional health

Strengths:

Special educational needs:

SECTION C: ** STRENGTHS AND HEALTH NEEDS**

Strengths:

Health needs:

SECTION D: ** STRENGTHS AND SOCIAL CARE NEEDS**

Strengths:

Social care needs:

SECTION E: OUTCOMES

The long term aspirations for the future

Outcomes by the end of stage or phase

For young people over 17 specify education and training outcomes

Steps towards meeting the outcomes

Arrangements for reviewing the Education, Health and Care Plan:

The professional responsible for convening the review of this plan will be:	INSERT name of Headteacher or SENCo or other
Contact details	
Frequency of review and roles	<p>The Education, Health and Care Plan will be reviewed at least annually.</p> <p>Progress towards outcomes specified in the Plan will be monitored by:</p> <ul style="list-style-type: none">• INSERT name of setting and frequency• INSERT health lead and frequency• INSERT social worker and frequency
People to be involved in the annual review	<ul style="list-style-type: none">•••

SECTIONS F- H2: PROVISION

SECTION F: Special Educational Provision; SECTION G: Health Provision and individual Health Care Plan; SECTION H1: Social Care Provision under section 2 of the Chronically Sick and Disabled Persons Act. H2: Other social care provision.

Outcome	What is needed to support ***** to achieve each outcome	When/ how often will this happen	Who will support ****	How will be progress be monitored	Resources/ annual cost	Category (F,G,H1,H2) and responsible agency

SECTION I: EDUCATIONAL SETTING

Type of setting	Name of setting

SECTION J: PERSONAL BUDGET

This section provides information on any Personal Budget that will be used to secure provision in the EHC Plan and to meet the outcomes detailed in the plan

Have the family / young person asked for a personal budget?	
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Personal budget allocation					Direct Payments	
	a. Reimbursement	b. Direct payment	c. Organised arrangement	d. Third party arrangement	Goods or services which are to be secured by direct payment	Outcomes supported by direct payments
Education						
Health						
Care						
Travel to educational setting						
Total						

N.B. Changes to health and care elements of the personal budget will not trigger a formal review of the EHC Plan unless they are significant and have an impact on special educational needs. These changes will be recorded on the relevant health and/or care support plans

SECTION K: ADVICE AND INFORMATION GATHERED DURING **'s EHC NEEDS ASSESSMENT**

Report author	Profession/ team/ service	Contact details	Date written

SIGN OFF - AGREEING THE PLAN

Duly authorised officer on behalf of the Local Authority Signed

Date