**Education, Health and Care Plan**

My name is:

I am known as:

My date of birth is:

Current photo of me

Date of Draft Plan: Final Plan:

Annual review to be held by:



 

 **Contents**

**Section A: About me**

**– my profile, my story, my family and my parents/carers views**

**Section B: My special educational needs**

**Section C: My health needs which relate to my special educational needs**

**Section D: My social care needs which relate to my special educational needs**

**Section E, F, G H1&H2: Outcomes and provision**

**Section I: My educational placement**

**Section J: Personal budget**

**(including arrangements for direct payments)**

**Section K1: People who attended my support planning or transfer review meeting and my personal details**

**Section K2: Agreeing the plan**

**Section K3: Appendices**

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| **Section A: About me**1. **my profile**

**My profile has been written by:** **Me Me with help from…………………………….**  |
| **When and how I communicate best, and what help I need****How information and choice need to be presented to me to help make decisions** |
| **What people like and admire about me** |
| **What I enjoy doing and what I do well****In School/setting****Out of school/setting:** |
| **What is important to me now** |
| **What are the things that aren’t working so well for me at the moment** |
| **What would make things better for me**  |
| **What are my goals and aspirations for the future –** **Short term – the next 6-12 months****Long term – what I want for my future beyond next year and ‘when I am an adult’** |

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| **Section A: About me****b) my story (background information)****My story has been written by: My parents My carer Me****with help from…………………..** |
| **Growing up** |
| **People involved in helping and supporting me** |
| **How do I feel when I am at school/setting and how do I feel and behave when I come home from school/setting**  |
| **Any other things which are important for you to know about me** |

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| **Section A: About me****c) my family****My family has been written by: My parents My carer Me****with help from…………………..** |
| **My family at home / extended family** |
| **Wider community connections** |
| **Time or days or barriers that make it difficult for me or my family to attend appointments or to meet professionals** |
| **Any other things which are important for you to know about my family** |

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| **Section A: About me****d) my parents/carers views****Written by: My parent My carer****with help from…………………………** |
| **What is important for my child now** |
| **What is not working so well for my child at the moment** |
| **What would make things better for my child** |
| **What are my goals and aspirations for my child****Short term – the next 6-12 months****Long term – what I want for my child’s future beyond next year and ‘when they are an adult’** |

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| **Section B: My Special educational needs****My strengths and my special educational needs are described by my family, education, health and care services. Their assessments are listed at the end of my plan.** |
| **A summary of my needs** |
| **Cognition and Learning** |
| **Communication and Interaction** |
| **Social and Emotional** |
| **Sensory and/or Physical** |
| **Preparing for key transitions and/or preparing for adulthood** |

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| **Section C: My health needs which relate to my special educational needs** |
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| **Section D: My social care needs which relate to my special educational needs** |
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| **Section E: Outcomes** | **Supported** **by** |
| My outcomes:-* Are what I will be able to do by the end of a phase or stage of education
* Should take into account what is important **to** me and help me move towards my goals and aspirations
* Should take into account what is important **for** me and address the area of my needs (barriers) set out in Section B, C and D of my plan so that I can make progress. Sometimes an outcome will address more than one area of my needs and may be shared across education, health and social care
 | **(F) Education** | **(G) Health** | **(H1 & H2) Social Care** |
| **Outcome****1** | The area(s) of my needs this outcome will address……………*(eg. Cognition & Learning, Communication & Interaction, Social & Emotional, Sensory and Physical, Preparing for key transitions/preparing for adulthood, Health needs, Social Care needs or more than one area of need – Cognition and Learning/Communication and Interaction, Sensory and/ Physical/Health needs)**Use wording which allows the outcomes to be measurable (SMART):-ie. By the end of key stage (Early Years Foundation Stage (EYFS)/KS1/KS2/KS3/KS4) &&& will be able to:-* |  |  |  |
| **Outcome** **2** |  |  |  |  |
| **Outcome** **3** |  |  |  |  |
| **Outcome** **4** |  |  |  |  |
| **Outcome** **5** |  |  |  |  |
| **Outcome** **6** |  |  |  |  |
| **Outcome** **7** |  |  |  |  |

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| **Section F, G, H1 & H2: Provision** The provision (support) to meet my special educational needs (Section B) and needs which relate to my special educational needs (Section C & D). This provision should help me to make progress towards achieving my outcomes.Steps I will make towards achieving my outcomesSteps towards outcomes can also be set out in this section, leading towards the achievement of the outcomes. They should normally be relevant for a least a year and sometimes longer. Where appropriate, they can be expressed separately for education, health and social care. |

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| **Outcome 1**What I will be able to do by the end of phase or stage of education | *By the end of key stage %%%, &&& will be able to ………..* |
| Steps I will make towards achieving this outcome | *By the end of year %%%, &&& will be able to …….....* |
| **Section F: Special Educational Provision** |
| **What needs to happen to help me achieve this outcome?** | **Who will do it?** | **How often?*****(frequency and duration)*** |
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| **Outcome 2**What I will be able to do by the end of phase or stage of education |  |
| Steps I will make towards achieving this outcome |  |
| **Section F: Special Educational Provision** |
| **What needs to happen to help me achieve this outcome?** | **Who will do it?** | **How often?*****(frequency and duration)*** |
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| **Outcome 3**What I will be able to do by the end of phase or stage of education |  |
| Steps I will make towards achieving this outcome |  |
| **Section F: Special Educational Provision** |
| **What needs to happen to help me achieve this outcome?** | **Who will do it?** | **How often?*****(frequency and duration)*** |
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| **Outcome 4**What I will be able to do by the end of phase or stage of education |  |
| Steps I will make towards achieving this outcome |  |
| **Section F: Special Educational Provision** |
| **What needs to happen to help me achieve this outcome?** | **Who will do it?** | **How often?*****(frequency and duration)*** |
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| **Outcome 5**What I will be able to do by the end of phase or stage of education |  |
| Steps I will make towards achieving this outcome |  |
| **Section F: Special Educational Provision** |
| **What needs to happen to help me achieve this outcome?** | **Who will do it?** | **How often?*****(frequency and duration)*** |
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| **Outcome 6**What I will be able to do by the end of phase or stage of education |  |
| Steps I will make towards achieving this outcome |  |
| **Section F: Special Educational Provision** |
| **What needs to happen to help me achieve this outcome?** | **Who will do it?** | **How often?*****(frequency and duration)*** |
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| **Outcome 7**What I will be able to do by the end of phase or stage of education |  |
| Steps I will make towards achieving this outcome |  |
| **Section F: Special Educational Provision** |
| **What needs to happen to help me achieve this outcome?** | **Who will do it?** | **How often?*****(frequency and duration)*** |
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***Office: (delete this note before sending out):*** *cut and paste Sections G, H1 & H2 below to add to the relevant Outcome box(es) (above) as required when outcomes are shared across Education, Health and/or Social Care.*

*If Health or Social Care needs have a separate outcome then leave the boxes here and add the long term outcomes and steps sections at the top (top 2 rows shown on the previous boxes).*

*If there is no Health and/or Social Care involvement put ‘None’ in the box.*

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| **Section G: Health Provision** |
| **What needs to happen to help me achieve this outcome?** | **Who will do it?** | **How often?*****(frequency and duration)*** |
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| **Section H1: Social Care Provision****(Any social care provision which must be made for a child or young person under 18 under Section 2 of the Chronically Sick and Disabled Persons Act 1970)** |
| **What needs to happen to help me achieve this outcome?** | **Who will do it?** | **How often?*****(frequency and duration)*** |
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| **Section H2: Social Care Provision****(Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN)** |
| **What needs to happen to help me achieve this outcome?** | **Who will do it?** | **How often?*****(frequency and duration)*** |
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| **Parents contribution and/or voluntary sector contribution** |
| **What needs to happen to help me achieve this outcome?** | **Who will do it?** | **How often?*****(frequency and duration)*** |
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| **Monitoring and Reviewing** |
| **Who will convene the annual review of this plan?** | The educational setting that the child/young person is attending  |
| **Frequency of review** | The annual review of the EHC Plan needs to take place within 12 months of the issue of this plan and then within 12 months of the previous review.Regular monitoring and review of progress is overseen by the *Head Teacher and Governors of the school/Principal of the post 16 institution/the Manager of the academy/early years provider* with appropriate delegation to staff eg. SENCO and class teachers, and includes:-* Setting smaller step targets towards meeting the outcomes, agreeing arrangements for monitoring progress and setting new targets, and for involving the family in this process
* Considering any further information and advice from relevant professionals.

Short term targets towards outcomes should be appended to the EHC plan so that progress monitoring is considered in the light of the longer term outcomes and aspirations. |

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| **Resourcing arrangements** |
| Provision in **Section F** of the Education, Health & Care Plan will be provided through the following funding arrangements :-*Insert appropriate general wording and delete the rest:-***Mainstream****Delegated educational funding*** Element 1 – School’s core budget;
* Element 2 – School’s notional SEN budget;

£6,000**High needs top up funding*** Element 3 – Additional high needs top up funding from the Local Authority at Level *%%%*

£*%%%***Special School** * Schools Delegated Budget, Plus High Needs Top up at Level *%%%*

£*%%%***Post-16**When %%% transfers to post 16 education, resources will be allocated according to assessed need, within the context of the placement**Specialist provision***Use mainstream wording and add –* Whilst *%%%* is accessing the specialist provision for pupils with a *%%%, provision will be resourced as part of the core specialist provision service funding***Early Years setting***Use mainstream wording and add* – Whilst *%%%* is in an Early Years setting, a pro-rata allocation of funding will be made, should %%% attend a mainstream, maintained nursery school**Out of area school/Independent School**Whilst *%%%* is attending an Independent Special School/Out of Authority Special School resources will be recharged as agreed by the local authority and the school *Any specific funding arrangements from Health and Social Care can also be included here ie. continuing Care arrangements* |

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| **Section I: My educational placement****Name of setting *(not to be completed until the plan is finalised)*** |
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| **Type of setting** ***(not to be completed until the plan is finalised)*** |
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| **Section J: Personal budget (including arrangements for direct payments)** |
| Have the family made a request for a Personal Budget? | Yes/No *(delete as appropriate)* |
| Personal Budget details |
| **The needs and outcome(s) that the Personal Budget is being used to secure provision to meet** | **What will it be used to purchase?** | **Funding source (Education, Health, Social Care or a mixture?)** | **What is the Personal Budget amount?** | **Type of Personal Budget ie Notional/direct/ third party** |
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| **Section K1: These people attended my support planning or transfer review meeting held on *(enter date)*** |
| **Name** | **Role** | **Contact details** |
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| **Section K1: My personal details** |
| **Full name:** | Anaya Asrar |
| **Male/Female:** |  |
| **Ethnicity:** |  |
| **Education UPN number:** |  |
| **NHS number:** |  |
| **Care First Number:** |  |
| **Address including post code:** |  |
| **Parent/Carer names:*****(please indicate parental responsibility)*** |  |
| **Brothers and Sisters** **names and dates of birth:** |  |
| **Home Phone number:** |  |
| **Mobile number:** |  |
| **Email address:** |  |
| **Home spoken language:** |  |
| **Home written language:** |  |
| **Other:** |  |
| **Section K2: Agreeing the plan** |
| **Signed Print name****Job title Date***LA authorised officer (education)* |
| **Signed Print name****Job title Date***Health authorised officer* |

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| **Section K3: Appendices****Documents attached to this Education, Health and Care Plan** |
| **Evidence submitted by Family/young person** |
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| **Evidence submitted by Education** |
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| **Evidence submitted by Health** |
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| **Evidence submitted by Social Care** |
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| **Evidence submitted by Careers** |
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| **Other evidence/evidence submitted by other people or agencies** |
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