

@KNOWNNAME's

EDUCATION, HEALTH AND CARE PLAN

MY NAME IS

@GIVENNAME

I LIKE TO BE KNOWN AS

@KNOWNNAME

*Insert photograph or image
as desired*

Name

Date of Birth

Home Language

LAC Status

NHS Number

Ethnicity

Address and Contact

	Tel.
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School / Provider :

Parental Details :

Other Guardians :

Areas of Need (in Priority Order)

1	2	3
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Medical Diagnoses (if applicable)

1	2	3
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Date of First Plan :

Date of This Plan :

Plan No.

A. @KN's Views and Interests, Hopes and Dreams

Me and My Family

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Things that are important to me

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What I like to do and what I want to do in the future

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My Parents / Carers Views and Interests, Hopes and Dreams for Me

Now (within the next 12 months)

In the Future (longer term)

B. @KN's Special Educational Needs

Communication and Interaction	
Cognition and Learning	
Social, Emotional and Mental Health	
Physical and/or Sensory	

C. @KN's Health Needs

Empty rectangular box for notes related to @KN's Health Needs.

D. @KN's Social Care Needs

Empty rectangular box for notes related to @KN's Social Care Needs.

**E. @KN's Outcomes and
F. Special Educational Provision to Support**

Communication and Interaction

Outcomes and Timescales	What Support does @KN need to achieve these outcomes ?	Who is going to provide the Support ?	How often is the Support going to be provided, when will it be reviewed and who will review it ?	Funding Source

Cognition and Learning

Outcomes and Timescales	What Support does @KN need to achieve these outcomes ?	Who is going to provide the Support ?	How often is the Support going to be provided, when will it be reviewed and who will review it ?	Funding Source

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Social, Emotional and Mental Health

Outcomes and Timescales	What Support does @KN need to achieve these outcomes ?	Who is going to provide the Support ?	How often is the Support going to be provided, when will it be reviewed and who will review it ?	Funding Source

Physical and/or Sensory

Outcomes and Timescales	What Support does @KN need to achieve these outcomes ?	Who is going to provide the Support ?	How often is the Support going to be provided, when will it be reviewed and who will review it ?	Funding Source

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NATIONAL CURRICULUM

Modification / Exclusion	Subject	Reason	Replacement
Modification	None		
Exclusion	None		

G. Health Provision to Support @KN

Outcomes and Timescales	What Support does @KN need to achieve these outcomes ?	Who is going to provide the Support ?	How often is the Support going to be provided, when will it be reviewed and who will review it ?	Funding Source

H1. Social Care Provision to Support @KN

At age Under 18 Related to Section 2 of the Chronically Sick and Disabled Persons Act 1970

Outcomes and Timescales	What Support does @KN need to achieve these outcomes ?	Who is going to provide the Support ?	How often is the Support going to be provided, when will it be reviewed and who will review it ?	Funding Source

H2. Social Care Provision to Support @KN

Other Social Care Provision not included in H1 above

Outcome	What Support does @KN need to achieve these outcomes ?	Who is going to provide the Support ?	How often is the Support going to be provided, when will it be reviewed and who will review it ?	Funding Source

I. Placement

Type of Setting

Main Registered Base

Other Settings
(if applicable)

J. Personal Budget

Type of Personal Budget	Yes / No	Funding Sources to Support this Plan	Notional Value
Direct Payment	<input type="checkbox"/>	Element 1 (School based)	£ 4,000 approx
Notional Arrangement	<input type="checkbox"/>	Element 2 (Additional Devolved to School)	£ 6,000 approx
Third Party Arrangement	<input type="checkbox"/>	Element 3 (Additional Provided by the Council) This Value May Be Available as a Personal Budget	£ 0
Combination of Types	<input type="checkbox"/>		

	Yes	No
Do @KNOWNNAME and his/her parents want to take a Personal Budget for his/her support?	<input type="checkbox"/>	<input type="checkbox"/>

Education				
Outcome needing additional resource	Education Support Arrangements	Funding Source	Proposed Allocation	Date of Agreement
Personal Budget		Total	£	

Health				
Outcome needing additional resource	Education Support Arrangements	Funding Source	Proposed Allocation	Date of Agreement
Personal Budget		Total	£	

Social Care				
Outcome needing additional resource	Education Support Arrangements	Funding Source	Proposed Allocation	Date of Agreement
Personal Budget		Total	£	

Review Arrangements

Close liaison between home and school to ensure that work undertaken at home complements school based programmes, and to ensure a consistent approach to meeting @KNOWNNAME's needs in both environments.

@KNOWNNAME's EHC Plan must be reviewed at least annually. The first review meeting must be held within 12 months of the date of the issue of Plan No.1, and at least annually thereafter. All Annual Reviews must focus on @KNOWNNAME's progress towards achieving the outcomes specified in Section E and whether those outcomes remain appropriate.

The next Annual Review meeting will be convened by [establishment name] on behalf of the Council and is to be held by not later than <<date>>. [Establishment name] will prepare and send a report of the meeting to everyone invited, including the Council, within two weeks of the meeting.

Named Key Worker responsible for monitoring and reviewing this Plan: _____

Agreeing the Plan

Information in this Plan will remain confidential, but can be shared with persons professionally involved with making the arrangements to support @KNOWNNAME.

By signing this Plan, I accept the contents as accurate and appropriate

Authorised Officer	Name	Signature	Date
SEN Team Manager			

K. Appendices

These are the people who have been involved in my Plan (all written advice is attached in the appendices)

Advice	Title	Name	Designation (what role they play)	Date
A	Child's Views			
	Parental advice			
B	Educational advice			
	Educational advice			
	Educational advice			
C	Medical advice			
	Medical advice			
	Medical advice			
D	Educational Psychology advice			
E	Social Care			
F	Other (Specify)			
G	Obtained since last assessment			

Additional Comments

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