

Education, Health
and Care Plan

%&

DRAFT PLAN

*Photo is optional
(to be added by family)*

My name is

I like to be called %

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STATUTORY EDUCATION, HEALTH & CARE PLAN**In place of a Statement of Special Educational Needs**

In accordance with the Children and Families Act 2014, the following statutory Education, Health & Care Plan is made by Rutland County Council ('the education authority') and the ('the health authority') in respect of % whose particulars are set out below.

Personal Details

Name:	
Date of Birth:	
Gender:	
Ethnicity:	
Religion:	
NHS number:	
UPN: (Unique Pupil Number)	
Social Care number:	
Looked after Child (pg 190 CoP - Code of Practice April 2014) No <input type="checkbox"/> Yes <input type="checkbox"/>	Open to "Team Around The Family" No <input type="checkbox"/> Yes <input type="checkbox"/> Date opened: _____

Name of Parent/Carer:	
Address:	
Telephone Number:	
e-mail contact details:	
Send all correspondence and details:	No <input type="checkbox"/> Yes <input type="checkbox"/>
Name of Parent/Carer:	
Address:	
Telephone Number:	
e-mail contact details:	
Send all correspondence and details:	No <input type="checkbox"/> Yes <input type="checkbox"/>

Date EHCP Agreed: _____

Scheduled Review Date: _____

Version Number: _____

Section A: The views, interests and aspirations of the child and his or her parents or young person.

A1 All About Me

People I live with:

People who I work with:

Why I need an EHC Plan (Education, Health & Social Care)

Support Providers	Names, addresses and telephone numbers
Educational setting (mainstream/special school/DSP)	
Health Care provider (s)	
Social Care input	

A2 My Profile : Views Interests and Aspirations

My Story (Written on behalf of % by Key Worker)

I like to communicate by:

Things that I am good at:

Things I find difficult:

A3 Our Family Story: Views Interests and Aspirations

Our story

How have you and your family contributed to the development of this plan?

A4 My Current Support Arrangements

Support Network:

Section B: The child or young person's special educational needs. *(This section outlines the special educational needs, in terms of the learning difficulties which require special educational provision)*

B1 My Strengths & Skills

Please describe the strengths and skills that have been identified in the Education Health and Care Needs Assessment in the following areas (if you have quoted from a report, please make reference to the specific report from which this quote has been drawn):

Area of Need	
1. Communication and interaction	
2. Cognition and learning	
3. Social, emotional and mental health difficulties	
4. Sensory and or physical needs	

Additionally please describe the strengths of the areas below:

Family environment	
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B2 My Current Needs

Please describe the needs that have been identified in the Integrated Assessment (in priority order, where possible) in the following areas:

Area of Need	
1. Communication and interaction	
2. Cognition and learning	
3. Social, emotional and mental health difficulties	
4. Sensory and or physical needs	
5. Family Environment	

Section C: The child and young person's health needs which relate to their SEN.

C1 My Health Needs

Please describe the needs that have been identified in the Education, Health and Care Needs Assessment. (In priority order, where possible)

1.

Section D: The child and young person's social care needs which relate to their SEN.

D1 Social Care Needs

Please describe the needs that have been identified in the Education, Health and Care Needs Assessment. (In priority order, where possible)

1.

Outcomes and Provision

Special Education

Section E: The outcomes sought for the child or young person. *The following section of the Education, Health & Care Plan sets out the Special Education Provision and the arrangements for monitoring the Education, Health and Care Plan.*

Section F: The special education provision required by the child or young person

Communication and Interaction

E1 Outcome to be achieved by the end of key stage 1

Short term outcomes (6- 12 months)

a.

F1 Special Educational Provision	
	By Whom

Cognition and Learning

E2 Outcome to be achieved by the end of key stage 1

Short term outcomes (6- 12 months)

- a.
- b.

F2 Special Educational Provision

	By Whom

Social, Emotional and Mental Health Difficulties

E3 Outcome to be achieved by the end of key stage 1

Short term outcomes (6- 12 months)

a.

F3 Special Educational Provision

F3 Special Educational Provision	
	By Whom

Sensory and or physical needs

E4 Outcome to be achieved by the end of key stage 1

Short term outcomes (6- 12 months)

a.

F4 Special Educational Provision

	By Whom

Health

Section G: Health provision required by the child or young person

E5 Outcome to be achieved by the end of the end of key stage 1

Short term outcomes (6 - 12 months)

- a.
- b.

G Health Provision	
	By Whom

Social Care

Section H: Care provision required by the child or young person

E6 Outcome to be achieved by the end of key stage 1

Short term outcomes (6 - 12 months)

a.

b.

***H1 Care Provision**

	By Whom

H2 Care Provision

	By Whom

*Social care provision under section 2 of the Chronically Sick and Disabled Persons Act 1970

Risks if outcomes are not met

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Preparation for Adulthood

As appropriate where the child or young person are beyond the age of 9 the Education, Health and C Plan MUST include for Sections F/G/H1/H2 as appropriate the provision required by child or young person to assist in preparation for adulthood and independent living

AREA – Employment

Desired outcomes (<i>what will this mean for X</i>) section E	
How will this be achieved	
What I will do towards my aspirations	
Who will help me	
When will this happen	

AREA – Good Health

Desired outcomes (<i>what will this mean for X</i>) section E	
How will this be achieved	
What I will do towards my aspirations	
Who will help me	
When will this happen	

AREA – Independent Living

Desired outcomes (<i>what will this mean for X</i>) section E	
How will this be achieved	
What I will do towards my aspirations	
Who will help me	
When will this happen	

AREA – Community Inclusion	
Desired outcomes (<i>what will this mean for %</i>) <i>section E</i>	
How will this be achieved	
What I will do towards my aspirations	
Who will help me	
When will this happen	

Section I: Placement Details

Education Placement:

No school can be named in the Draft proposed Education, Health and Care Plan at this stage, but we would welcome your views regarding this. Please read the letter attached to the proposed Education, Health and Care Plan

Summary of provision and resources required to achieve the outcomes in this Education, Health and Social Care Plan

To meet needs	Education	Health	Social care
Level of support			

Section J: Personal Budgets

My 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 made a request for a personal budget?

Yes

No

Personal Budget Details			
Source (Where is the funding for the PB coming from? Education, Health or Social care)	Type (How will the PB be managed? As a direct payment or notional)	Amount (£) (What is the amount)	Goods and services to be secured and outcomes to be met (What will it be used to purchase and which outcomes identified in the EHC Plan will the PB contribute to)

Section K:	Contributors to the Education, Health and Care Plan Advice and Information
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Appendix	Name	Designation	Contribution		
			Date Comp Appendix	Report (✓)	Attended Support Planning meeting (✓)
A1 My Story (Child)					
A2 Our Other Family Story (Parent)					
B1 Education Advice					
B2 Educational Psychology					
B3 Other Health					
C Health Advice					
D Social Care					
Other Agency					
Other Agency					
Other Agency					
Other Agency					
Other Agency					

Consent information

We agree with the contents of this EHC Plan:

Child/Young Person

Print Name:

Signed: Date:

Parent/Carer

Print Name:

Signed: Date:

Duly Authorised Officer – on behalf of Rutland County Council - Education

Print Name:

Signed: Date:

Duly Authorised Officer – on behalf of Health Commissioners (if plan incorporated Personal Health Budget)

Print Name:

Signed: Date:

Duly Authorised Officer – on behalf of Health Providers

Print Name:

Signed: Date:

Duly Authorised Officer – on behalf of Rutland County Council Social Care

Print Name:

Signed: Date:

Review of EHC Plan: (Page 182, Special Educational Needs & Disability code of practice: June 2014)

Arrangements for monitoring and reviewing my EHC Plan:

This Plan will be reviewed annually by the Local Authority.

All people helping with this Plan will be invited to join me at the meeting or send information.

Education monitoring:

The school is responsible for the setting, active monitoring and review of short term targets to meet the outcomes in this plan.

Health monitoring

The relevant Health Provider is responsible for monitoring and review of % health provision and needs.

Social Care monitoring:

If relevant the appropriate social care professional will monitor and review % social care needs and required provision.

If there are significant changes in % needs in Education, Health or Care an additional review of this plan should be called.