**EDUCATION, HEALTH AND CARE PLAN:**

[Child’s forename] [Child’s surname]

|  |
| --- |
| Photo of child or young person or significant image to personalise the plan |

Support network for the child

Shape

Description automatically generated

In accordance with the Children and Families Act 2014, the following Education, Health and Care Plan is made by xxxx Council ('the local authority') in respect of «Child\_Forename1»whose particulars are set out below.

|  |  |
| --- | --- |
| **Table of contents** | |
| Family Information | Section A |
| Education | B and F |
| Outcomes | Section E |
| Health | Sections C and G |
| Social care | Section D, H1 and H2 |
| Placement | Section I |
| Personal budget | Section J |
| Advice and information gathered | Section K |

|  |  |
| --- | --- |
| Date of plan | Draft/Final plan |
|  |  |
|  |  |
|  |  |

**General information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname: |  | | First name: |  |
| Preferred name: |  | | DOB: |  |
| Gender: |  | |
| Looked after child: | Yes / No | | If yes, to which Local Authority |  |
| Address: | |  | | |
| Current school or setting: | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent/carer: (1) |  | | Relationship to child/young person |  |
| Contact details of parents/carers: | H:  M:  W: | | Email: |  |
| Address: (if different from above) |  | | | |
| Parent/carer: (2) |  | | Relationship to child/young person |  |
| Contact details of parents/carers: | H:  M:  W: | | Email: |  |
| Address: (if different from above) |  | | | |
| Name of person/s with parental responsibility |  | | | |
| Contact details person/s with parental responsibility: | H:  M:  W: | | Email: |  |
| Address: |  | | | |
| Language used at home: (state if an interpreter is needed) |  | Child/Young person’s preferred way of communicating: (e.g. signing, verbal, PECS) | |  |
| GP name and address: |  | Child/young person’s NHS No: | |  |
| Case officer details: |  | Other relevant contacts: | |  |

**SECTION A:** The views, interests and aspirations of **[Child’s forename]**  and their parents/carers

**[Child’s forename]’s Profile**

|  |  |
| --- | --- |
| **My history**  To include family situation, who is at home,  play, health, schooling, independence, friendships, further education and future plans including employment where practical. | |
|  | |
| **What’s important to me** | | |
|  | | |
| **What I’m good at** | | |
|  | | |
| **What I would like to do in the future** | |
|  | |
| **How I like to be supported** | **How to communicate with me** |
|  |  |
| **Section A- completed by**  [child/child with parent/child with TA]  **Completed on** dd/mm/yyyy | |

|  |
| --- |
| **Parents’/carers’ views and aspirations for the future for «Child\_Forename1»** |
|  |

**SECTION B:** Special Educational Needs and **SECTION F:** Special Educational Provision

|  |  |
| --- | --- |
| **Special Educational Needs** | |
| **Summary of needs** | |
| **1 Communication and interaction** | |
| B: Strengths | |
| B1  B2 | |
| B: Special Educational Needs | F: Special Educational Provision |
| B1  B2 | F1  F2 |
| **2 Cognition and learning** | |
| B: Strengths | |
|  | |
| B: Special Educational Needs | F: Special Educational Provision |
|  |  |
| **3 Social emotional and/or mental health** | |
| B: Strengths | |
|  | |
| B: Special Educational Needs | F: Special Educational Provision |
|  |  |
| **4 Sensory and/or physical** | |
| B: Strengths | |
|  | |
| B: Special Educational Needs | F: Special Educational Provision |
|  |  |

**SECTION C:** Health needs, including any diagnosed health conditions (further detail is provided in the health advice and information attached) and how they relate to «Child\_Forename1»’s SEN or health needs unrelated to SEN and **SECTION G:** Health provision

|  |  |
| --- | --- |
| **Health** | |
| C: Health needs | G: Health provision |
| C1 Related to SEN:  C2 Unrelated to SEN: |  |

**SECTION D:** Social Care needs and how they relate to «Child\_Forename1»’s SEN or unrelated to SEN and **SECTION H:** Social Care provision

|  |  |
| --- | --- |
| **Social Care** | |
| D: Social Care needs | H: Social Care provision |
| D1 Related to SEN:  D2 Unrelated to SEN: | H1 Social care provision made for a child or young person under 18 resulting from s2 of the Chronically Sick and Disabled persons Act 1970:  H2 Other social care provision: |

**SECTION E:** Outcomes sought for «Child\_Forename1»

|  |
| --- |
| **Outcomes (Education, Health and Social Care)** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Arrangements for monitoring progress and; setting and monitoring**  **short term targets** |
| Within 15 academic days of the issue of the final Education, Health and Care (EHC) Plan, the setting named in Section I of this EHC Plan, in partnership with «Child\_Forename1» and her parents/carers will create a plan that sets out short-term targets for «Child\_Forename1» for the next 12 months. The short-term targets will be reviewed by the setting and the parents/carers regularly and usually termly and amended if necessary.  The EHC plan will be reviewed annually by the local authority in collaboration with the setting. This review will involve «Child\_Forename1» and her parents/carers and all professionals involved with «Child\_Forename1» will be invited to the Annual Review meeting and asked to contribute an up-to-date report.  **Provision that must be made for «Child\_Forename1» from Year 9 onwards**  The school/college will provide «Child\_Forename1» with independent Information, Advice and Guidance (IAG) around careers and further study opportunities at the relevant stage of their education |

|  |  |
| --- | --- |
| **Is the child at a key transition point?** | |
| Key Transition:  From early years to infant – Yes/No  From infant to junior – Yes/No  From junior to secondary – Yes/No  From primary to secondary – Yes/No | Date: |
| Consideration should be given to the Preparing for Adulthood (PFA) Outcomes   * Independent living * Health * Community inclusion * Employment   In year 9 and above the following checklist should be completed by the family prior to the annual review:  [PFA checklist](https://www.preparingforadulthood.org.uk/SiteAssets/Downloads/p5wzjq0j636941293449773408.pdf) | |

**SECTION I:** Placement

|  |  |
| --- | --- |
| Name: |  |
| Type: |  |

**SECTION J:** Personal budget

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Details** (including needs and outcomes to be met) | **Arrangements for Direct Payments** | **Was a personal budget requested?** |
| Education |  |  | Yes/No |
| Social Care |  |  | Yes/No |
| Health |  |  | Yes/No |
| Other (please specify) |  |  | Yes/No |

**SECTION K:** The advice and information gathered during the EHC needs assessment

|  |  |  |  |
| --- | --- | --- | --- |
|  | **List of appendices** | **Name of author and position** | **Date** |
| 1 | Child or young person |  |  |
| 2 | Parent / carer / guardian |  |  |
| 3 | Education / school / setting |  |  |
| 4 | Educational psychology |  |  |
| 5 | Health e.g. |  |  |
| 5a | Occupational therapist |  |  |
| 5b | Paediatrician |  |  |
| 5c | Speech and language therapist |  |  |
| 5d | GP |  |  |
| 6 | Specialist teacher |  |  |
| 7 | Social Care |  |  |
| 8 | Case Officer |  |  |
| 9 | Any other requested by parents |  |  |

…………………………………………………….. ………………………………………………….

Duly Authorised Officer on behalf Date  
xxxx Council

**More information about our SEND Surrey Services can be found at the**  [Surrey Local Offer](https://www.surreylocaloffer.org.uk/)

Contact can be made with the SEN area teams :

[**NESEN@surreycc.gov.uk**](mailto:NESEN@surreycc.gov.uk) **;** [**NWSEN@surreycc.gov.uk**](mailto:NWSEN@surreycc.gov.uk)**;** [**SESEN@surreycc.gov.uk**](mailto:SESEN@surreycc.gov.uk) **;** [**SWSEN@surreycc.gov.uk**](mailto:SWSEN@surreycc.gov.uk)