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Description automatically generated**Education, Health and Care Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **CHILD/YOUNG PERSON’S PERSONAL DETAILS:** | | | |
| **NAME** |  | **Preferred name:** |  |
| **Date of Birth:** |  | | |
| **Sex:** |  | **Ethnicity:** |  |
| **Child/ young person first language** |  | **Parent/ carer first language** |  |
| **MAIN CONTACT DETAILS:** | | | |
| **Main contact:** Parent/carer 1  (or young person if they are applying independently) |  | Relationship |  |
| Email: |  | Telephone number |  |
| Home Address: |  | | |
| Parent/ carer 2: |  | Relationship |  |
| Email: |  | Telephone number |  |
| Home address (if different to parent/carer 1) |  | | |

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| **Services currently involved with this child/ young person:** | |
| Education setting |  |
| GP and/ or key health professional |  |
| NHS Number (if available) |  |
| Known to social care |  |
| Other professionals involved with this child/ young person family |  |
| **Currently** Looked after child? |  |
| **Has** been a looked after child? |  |
| Alternative Provision |  |
| **IF** there is a one page profile received (append). |  |
| **Child/ young person moving to area with EHCP from a different LA?** |  |

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| **A1** | **SUMMARY of the child or young person’s history** |
|  |  |

|  |  |
| --- | --- |
| **A2** | **SUMMARY** the views, interests and aspirations of the **CHILD and their parent,** or of the **YOUNG PERSON** |
| **Views** | |
|  | |
| **Interests** | |
|  | |
| **Strengths** | |
|  | |
| **Aspirations** | |
|  | |

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| --- | --- | --- |
| **Special Educational Needs and Provision (B-F-E)**  **Communication and interaction** | | |
| **B – Special Educational Needs** | **F – Special Educational Provision** | **E – Outcomes** |
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| **Special Educational Needs and Provision (B-F-E)**  **Cognition and learning** | | |
| **B – Special Educational Needs** | **F – Special Educational Provision** | **E – Outcomes** |
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| **Special Educational Needs and Provision (B-F)**  Social, emotional and mental health difficulties | | |
| **B – Special Educational Needs** | **F – Special Educational Provision** | **E – Outcomes** |
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| **Special Educational Needs and Provision (B-F-E)**  **Sensory and/or physical needs** | | |
| **B – Special Educational Needs** | **F – Special Educational Provision** | **E – Outcomes** |
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**Sections C (The child or young person’s health care needs which relate to their SEN) and G (Health Care Provision relating to those needs)**

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| --- | --- | --- |
| **C - Health care needs** | **G – Health Care Provision relating to needs in Section C** | **E – Outcomes** |

**Sections D (Social care needs which relate to the SEN) and H1 and H2 (Social care provision)**

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| --- | --- | --- | --- |
| **D – Social care needs which relate to the child or young person's special educational needs or to a disability.** | **H1 – Any social care provision which must be made for a child or young person under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970** | **H2 - Other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having special educational needs** | **E – Outcomes** |
|  |  |  |  |

**I – Placement**

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| --- | --- |
| **Name** | Placement setting |
| **Type** | List setting type, including whether it is day/weekly residential/termly residential placement |
|  |  |
|  | If there is a dual placement, please insert extra rows to accommodate this. |

**J - Direct Payments**

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| --- | --- |
| **Details** |  |
| **Arrangements for direct payment** |  |

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

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| --- | --- | --- | --- |
| **Advice and information requested:** | **Date received** | **Who from** | **Appended** |
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**Sign-off**

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| --- | --- | --- |
| **Local authority officer – name** | **Local authority officer - signature** | **Date** |
|  |  |  |