|  |  |
| --- | --- |
| **Plan Type** | Choose an item. |

**Education, Health and Care Plan**

**EHCP**

|  |  |
| --- | --- |
| **My name is:** |  |
| **I like to be known as:** |  |
| **My date of birth is:** | Click or tap to enter a date. |

**This plan is all about what I need to help me to achieve my goals and ambitions.**

**The plan must be reviewed at least once a year and by the anniversary of the date of this plan.**

**Date of first Plan:** Click here to enter a date.

**Date of this Plan:** Click here to enter a date.

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|  |  |
| --- | --- |
| **Section A** | the **views, interests and aspirations** of the child and his parents or the young person. |
| **Section B** | the child or young person’s **special educational needs (“SEN”).** |
| **Section C** | **health care needs** which relate to their SEN. |
| **Section D** | **social care needs** which relate to their SEN or to a disability. |
| **Section E** | the **outcomes sought** for the child or young person. |
| **Section F** | the **special educational provision** required to meet their SEN. |
| **Section G** | any **health care provision** reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN. |
| **Section H1 and H2** | (H1) any **social care provision** required from social services under the Chronically Sick and Disabled Persons Act 1970, (H2) and/or reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN. |
| **Section I** | the **name of the school or other institution** to be attended by the child or young person, and the type of that institution (or just the type if no specific institution is named). |
| **Section J** | personal budget information - details of any **direct payment** which will be made. |
| **Section K** | copies of all of the advice and information obtained as part of the EHC needs assessment*.* |

# Section A – All about me

**My Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **First name** |  | **Surname** |  |
| **Date of birth** |  | **Gender** |  |
| **Address** |  |
| **Telephone number** |  | **Mobile number** |  |
| **Email address** |  |
| **Ethnicity** |  | **Home Language** |  |
| **Looked after Child?** |  |

|  |  |
| --- | --- |
| **Current Educational Setting** |  |

|  |  |
| --- | --- |
| **My parent /carer** |  |
| **First name** |  | **Surname** |  |
| **Address** (if different from above) |  |
| **Telephone number** |  | **Mobile number** |  |
| **Email address** |  |
| **Interpreter required?** |  |

|  |  |
| --- | --- |
| **My parent /carer** |  |
| **First name** |  | **Surname** |  |
| **Address** (if different from above) |  |
| **Telephone number** |  | **Mobile number** |  |
| **Email address** |  |
| **Interpreter****required?** |  |

**My Views**

|  |
| --- |
| **My Dreams and Aspirations - What do I hope and wish for in the future?** |
| **Things I think I am good at.**  |
| **Things I find tricky or things I am working on.** |
| **Things I like and enjoy.**  |
| **How I like to be helped and supported.** |
| **Who completed this?** |  |

**My Family’s Views**

|  |
| --- |
| **Our aspirations for XXX:** |
| **XXX’s History:** |
| **Things we would like people to know about XXX:** |
| **How best to communicate with XXX:** |
| **Additional information you feel is important for people to know:** |

# Section B – Special Educational Needs

Please see attached reports listed in Section K for additional details.

Needs and strengths are identified by the professionals working with the Child/ young person.

|  |
| --- |
| **Main area(s) of Special Educational Need:** |
| **Communication and Interaction****Strengths:****Needs:** |
| **Cognition and Learning****Strengths:****Needs:** |
| **Social, Emotional and Mental Health****Strengths:****Needs:** |
| **Sensory and Physical****Strengths:****Needs:** |
| **Self-Help and Independence/Preparing for Adulthood****Strengths:****Needs:** |

# Section C – Health Needs

|  |  |
| --- | --- |
| **Health needs that relate specifically to XXX’s Special Educational Needs.** |  |
| Health needs that that are not related to XXX’s Special Educational Needs. |  |

# Section D – Social Care Needs

|  |  |
| --- | --- |
| **Social Care need that relate specifically to XXX’s Special Educational Needs.** |  |
| Social Care needs that that are not related to XXX’s Special Educational Needs. |  |

# Section E – Goals and Outcomes

|  |  |
| --- | --- |
| **XXX’s aspirations** |  |
| **Family’s aspirations** |  |

|  |  |
| --- | --- |
| **Outcome areas** | **Long term goals:**By the end of Early Years Foundation Stage/ Key Stage Y, XXX will:  |
| **Communication and Interaction**  |  |
| **Cognition and Learning**  |  |
| **Social, Emotional and Mental Health** |  |
| **Physical and Sensory** |  |
| **Independence and Self-Help/ Preparing for Adulthood** |  |

# Section F – Special Educational Provision

|  |  |
| --- | --- |
| **Element 3 Funding, in addition to SEN Support and Local Offer**  |  |

|  |
| --- |
| **Communication and Interaction - Outcome 1**  |
| **Special Educational Provision** (above Quality First Teaching) | **By whom** | **Duration & frequency** | **Staffing ratio** |
|  |  |  |  |
| **Communication and Interaction - Outcome 2**  |
| **Special Educational Provision** (above Quality First Teaching) | **By whom** | **Duration & frequency** | **Staffing ratio** |
|  |  |  |  |

|  |
| --- |
| **Cognition and Learning - Outcome 3**  |
| **Special Educational Provision** (above Quality First Teaching) | **By whom** | **Duration & frequency** | **Staffing ratio** |
|  |  |  |  |
| **Cognition and Learning - Outcome 4** |
| **Special Educational Provision** (above Quality First Teaching) | **By whom** | **Duration & frequency** | **Staffing ratio** |
|  |  |  |  |

|  |
| --- |
| **Social, Emotional and Mental Health - Outcome 5** |
| **Special Educational Provision** (above Quality First Teaching) | **By whom** | **Duration & frequency** | **Staffing ratio** |
|  |  |  |  |
| **Social, Emotional and Mental Health – Outcome 6** |
| **Special Educational Provision** (above Quality First Teaching) | **By whom** | **Duration & frequency** | **Staffing ratio** |
|  |  |  |  |

|  |
| --- |
| **Physical and Sensory - Outcome 7** |
| **Special Educational Provision** (above Quality First Teaching) | **By whom** | **Duration & frequency** | **Staffing ratio** |
|  |  |  |  |
| **Physical and Sensory - Outcome 8** |
| **Special Educational Provision** (above Quality First Teaching) | **By whom** | **Duration & frequency** | **Staffing ratio** |
|  |  |  |  |

|  |
| --- |
| **Independence and Self-Help/Preparing for Adulthood - Outcome 9**  |
| **Special Educational Provision** (above Quality First Teaching) | **By whom** | **Duration & frequency** | **Staffing ratio** |
|  |  |  |  |
| **Independence and Self-Help/Preparing for Adulthood – Outcome 10** |
| **Special Educational Provision** (above Quality First Teaching) | **By whom** | **Duration & frequency** | **Staffing ratio** |
|  |  |  |  |

# Section G – Health Provision

|  |
| --- |
| Health Outcomes:  |
| Health Provision (in addition to the Local Offer) | By whom | Duration/ frequency |
|  |  |  |
|  |  |  |

# Section H1 – Social Care Provision

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.

|  |
| --- |
| H1 Social Care Outcomes: |
| Social Care Provision (in addition to the Local Offer) | By whom | Duration/ frequency |
|  |  |  |
|  |  |  |

# 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.

|  |
| --- |
| H2 Social Care Outcomes: |
| Social Care Provision (in addition to the Local Offer) | By whom | Duration/ frequency |
|  |  |  |
|  |  |  |

# Section I – Placement

This section to be left blank on Draft versions of the EHC Plan.

|  |  |
| --- | --- |
| **Name and address of Placement**  |  |
| **Placement Type**  |  |

# Section J – Personal Budget

This section only needs to be completed if parents/young person have requested a personal budget and the Local Authority have agreed to provide one.

|  |  |  |
| --- | --- | --- |
| **Provision in the EHC Plan that has been agreed to be provided through a Personal Budget.**  | **Special Education Needs and Outcomes that will be supported by the Personal Budget.** | **Who is contributing to the Personal Budget? How will it be reviewed?** |
|  |  |  |

# Section K - Advice and Information

The following reports, evidence and advice were taken into account when writing this EHCP and are available as appendices to this plan.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Advice/Report:** | **Provided by:** | **Role:** | **Date:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Signature:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Designated LA Officer** | **Name** | **Signature** | **Date** |
|  |  | Click here to enter a date. |

**Tower Hamlet SEN Team Contact Details:**

|  |  |  |
| --- | --- | --- |
|  | **Name and Email:** | **Phone Number:** |
| **EHC Coordinator** |  |  |
| **General Enquires**  | specialeducational.needs@towerhamlets.gov.uk | 020 7364 4880 |