

EHCP Example containing Health input only

This is not a complete example of an EHCP. It has been created to provide an example of the sort of health input that might be included in an EHCP around needs, outcomes and provision for a child with a particular health profile (there are other examples for children with different health profiles). The provision in this example is illustrative – it does not quantify provision as would normally be the case in a real EHCP. It deliberately excludes all the input that would be required around education / school and the whole of section A to focus on health.

Sam

9 years old, has autism and ADHD

Section B: The child or young person's strengths and special educational needs (SEN)

Cognition and learning

Strengths:

- Sam is a visual learner with excellent memory skills
- When motivated and kept on task by using broken down clear instructions Sam can produce good work

Special educational needs:

- Sam finds it difficult to cope with the sensory environment in a school environment
Needs sensory breaks to be able to cope better
- The diagnosis of ADHD makes concentration difficult
- He is not progressing towards typical educational milestones due in part to need for time out of the classroom

Communication and interaction

Strengths:

- Sam is a happy child and wants to make friends
- Sam has a great sense of humour

Special educational needs:

- Sam has difficulty with communicating his needs and often gets frustrated
- Has difficulties with social interaction
- Sam can be unable to ask for help and will hide his difficulties or distress resulting in the pressure cooker effect

Social, emotional and mental health

Strengths:

- Sam is a very affectionate child

Special educational needs:

- Sam tends to have emotional outbursts. Finds managing emotion difficult
- He has self-esteem issues
- Finds any deviation from routine very difficult to cope with. Can lead to outbursts
- Sam is vulnerable to bullying and will need a system in place, possibly visual, so he can alert teachers to any situations arising

Sensory and/or physical

Strengths:

- Sam has loads of energy!

Special educational needs:

- Sam has difficulty sleeping. Finds getting to sleep very difficult
Wakes often in the night and early in the morning
- Poor fine motor skills – finds writing very difficult
- Poor gross motor skills and difficulties with balance and coordination
- Unable to concentrate for long periods on tasks and needs sensory breaks

Preparing for adulthood (young people aged 14+ only)

Strengths:

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Special educational needs:

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Sam's support plan

Each identified special educational need in Section B requires a provision necessary to achieve the outcome.

Section E. Outcomes (by the end of key stage, or other to specify)	Section F. SEN provision
<p>Cognition and learning</p> <p>Sam will move up two levels in maths and literacy by the end of Key Stage 2</p>	<p>Sam will have a tailored programme of occupational therapy (eg, Brain gym) to support with development of concentration and focus. An occupational therapist will train teachers and support staff to deliver the programme (occupational therapist from health)</p>
<p>Communication and interaction</p> <p>By the end of Key stage 2 Sam will be able to participate in class discussions and to express views when asked to participate most of the time</p> <p>(12 month target: by the end of the school year joins in class discussions with minimal prompting at least once a day. Able to express views to participate in class group work with a range of groups with some adult support.)</p>	<p>A speech and language therapist will develop a programme which will be implemented by teachers and support staff to help X develop his communication skills to help with expressive and receptive communication skills. This will include social communication groups led by a fully trained LSA with SaLT oversight and input (SaLT from therapies team)</p>
<p>Social, emotional and mental health</p> <p>By the end of Key Stage 2 Sam will be able to manage his emotions and behaviour in such a way that he is able to be in school and participate fully in the school day</p> <p>(12 month target: to reduce the time needed in quiet space or out of the classroom to less than two hours per week.</p> <p>To be able to anticipate stress situations and potential behavioural meltdowns and self-manage the situation by applying learnt strategies.)</p>	<p>A specialist ASD trained speech and language therapist will work with the child and develop a relationship such that they are able to develop a programme which will be implemented by teachers and support staff to help X develop his communication skills to help reduce frustration and the associated outbursts of emotion.</p> <p>Sam will be followed up by an occupational therapist, who will devise a programme of sensory breaks or other strategies to help X manage in class during the day. This will include the provision of suitable specialist equipment such as wobble cushions and gym balls. (OT from therapies team)</p>

<p>Sensory and physical</p> <p>By the end of Key Stage 2 Sam will be able to participate in a team sport activity during PE (12 month target : Participate fully in a PE session once a week by the summer term)</p> <p>By the end of Key Stage 2 Sam will be able to write a sentence in straight lines on a ruled page (12 month target: Able to write one line straight on a ruled page by the summer term)</p>	<p>An occupational therapist will develop a tailored programme of exercises and interventions and advise PE staff on equipment or methods to enable development of gross motor and coordination skills. OT will train and advise PE staff on targets and (OT from therapies team)</p> <p>An occupational therapist trained in sensory integration will provide a programme of fine motor skills exercises and interventions, including appropriate equipment (eg, pencil grip or writing slope) to assist with writing (OT from therapies team)</p>
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Section C. Health needs	Section G. Health provision
<p>Sam finds concentration and participation in learning challenging. He has a diagnosis of ADHD</p> <p>He has an outcomes to manage his behaviours so that he is able to participate fully in the school day</p>	<p>X will be reviewed for medication to improve his ability to concentrate and participate in learning and will be regularly followed up by a professional within the CAMHS services</p> <p>X will be supported with developing appropriate strategies to manage frustration and emotion through regular visits to a psychologist</p>
<p>Sam finds sleeping difficult, both settling himself and often waking in the night</p>	<p>Sam will be reviewed by a paediatrician relating to his sleep difficulties and will be prescribed medication (e.g. melatonin) if this is required (community paediatrician)</p>
<p>Sam currently finds it difficult and stressful to participate in normal family activities, such as family mealtimes or outings</p>	<p>Oversight and support from a psychologist to address issues of anxiety, low self-esteem and other issues that impact on family life. Work with family to develop appropriate responses or intervention (CAMHS psychologist)</p> <p>Develop strategies and tools that help with eating and mealtimes and the identifying sensory issues that make eating difficult (SaLT from therapies team)</p>

Section D. Care needs	Section H1. Care provision
	Section H2. Care provision