

**Bath & North East  
Somerset Council**



**Bath and North East Somerset  
Clinical Commissioning Group**

# Evie's Education, Health and Care Plan



Eve Jane Smith

DOB: 01.01.2001

Prefers to be called Evie

Please note that deletions from paragraphs in the current Education Health and Care Plan are shown by ~~strikethrough~~ and additions shown in **bold**.

[Final/Draft/Amendment notice to] Education, Health and Care Plan

Issued on [DATE]

**PERSONAL DETAILS**

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|  |  |                       |  |
|--|--|-----------------------|--|
| <b>Name:</b>   |  |                       |  |
| <b>Date of Birth:</b>  |  | <b>Gender:</b>        |  |
| <b>Home Address:</b>   |  |                       |  |
| <b>Ethnicity:</b>  |  | <b>Religion:</b>      |  |
| <b>Home language/other language spoken in the family home:</b>               |  |                       |  |
|  |  |                       |  |
| <b>Name of parent(s)/person(s) with parental responsibility/next of kin:</b> |  |                       |  |
|  |  |                       |  |
| <b>Address &amp; contact details of parent/carer, if different:</b>          |  |                       |  |
|  |  |                       |  |
| <b>Telephone no:</b>   |  | <b>Email address:</b> |  |
| <b>Unique Pupil no:</b>  |  | <b>NHS no:</b>        |  |
| <b>Social Care ID number:</b>  |  | <b>Legal Status:</b>  |  |

**SECTION A | VIEWS, INTERESTS AND ASPIRATIONS OF THE CHILD/YOUNG PERSON**

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[Please note if there is an existing One Page Profile; this can be used in place of this page]

# EVIE'S ONE PAGE PROFILE

## What people like and admire about me

Photo

## Important to me

From age 14 must include -

- Education, employment & training
- Independence and housing
- Health
- Friends, relationships and being part of my community

## The best way to support me

From age 14 must include -

- Education, employment & training
- Independence and housing
- Health
- Friends, relationships and being part of my community

## My hopes and dreams for the future (MUST be included from age 14)

- Education, employment & training
- Independence and housing
- Health
- Friends, relationships and being part of my community

## **SECTION A (CONT.) | VIEWS, INTERESTS AND ASPIRATIONS OF THE FAMILY**

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This section is intended to reflect the family's views, wishes and feelings.

This should address the four Preparing for Adulthood pathways.

- Education, employment & training
- Independence and housing
- Health
- Friends, relationships and being part of my community

This should include a brief history of the child or young person

Note of how this was compiled and by whom with the family (if not completed by family themselves) – can be written in first person (plural) if written by family or quoting them.

**SECTION A (CONT.) | THINGS THAT ARE WORKING FOR EVIE**

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X

X

X

X

X

**SECTION B | THE CHILD OR YOUNG PERSON'S SPECIAL EDUCATIONAL NEEDS**

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NB: Use the following headings if they are useful, or use your own.

**Cognition and Learning**

This is a paragraph. This is a paragraph. This is a paragraph. This is a paragraph.  
This is a paragraph. This is a paragraph. This is a paragraph. This is a paragraph.  
This is a paragraph. This is a paragraph.

**Communication and Interaction**

This is a paragraph. This is a paragraph. This is a paragraph. This is a paragraph.  
This is a paragraph. This is a paragraph. This is a paragraph. This is a paragraph.  
This is a paragraph. This is a paragraph.

**Social, Emotional and Mental Health**

This is a paragraph. This is a paragraph.

**Physical and Sensory**

This is a paragraph. This is a paragraph.

**SUMMARY OF NEEDS:**

- Bullet point list
- Summarising the needs identified
- E.g. autistic spectrum
- Social communication skills
- Etc.

**SECTION C | THE CHILD OR YOUNG PERSON'S HEALTH NEEDS WHICH RELATE TO THEIR SEN**

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**SECTION D | THE CHILD OR YOUNG PERSON'S SOCIAL CARE NEEDS WHICH RELATE TO THEIR SEN**

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**SECTIONS E - H2 | OUTCOMES AND PROVISION**

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Descriptive summary of the support Evie needs to support and achieve including the approach (e.g. multi-agency – disciplines needed), education provision (what it needs to include) and other support needed (health, care, family, community, other services)

*NB: Italicised provision is non-statutory*

**\*How will these outcomes link to future employment and training?** [Delete prompt when proposed plan issued]

SECTION E

SECTION F | **The special educational provision required by the child or young person.**

| The outcomes sought for the child or young person | What is needed to support Evie (to achieve each stated outcome) | When/how often will this happen | Who will provide this |
|---|---|---------------------------------|-----------------------|
|   |   |                                 |                       |
|   |   |                                 |                       |
|   |   |                                 |                       |
|   |   |                                 |                       |
|   |   |                                 |                       |

**\*How will these outcomes support good health in adulthood?** [Delete prompt when proposed plan issued]

SECTION E

**SECTION G | Health provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN (please state if Health Support plan has been used to complete these section)**

| The Outcomes sought for the child or young person | What is needed to support Evie (to achieve each stated outcome) | When/how often will this happen | Who will provide this |
|---|---|---------------------------------|-----------------------|
|   |   |                                 |                       |
|   |   |                                 |                       |
|   |   |                                 |                       |
|   |   |                                 |                       |
|   |   |                                 |                       |



**\*How will these outcomes support independence and community inclusion in adulthood?** [Delete prompt when proposed plan issued]

SECTION E

**SECTION H1 | 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 (CSDPA)**

| The outcomes sought for the child or young person | What is needed to support Evie (to achieve each stated outcome) | When/how often will this happen | Who will provide this |
|---|---|---------------------------------|-----------------------|
|   |   |                                 |                       |
|   |   |                                 |                       |
|   |   |                                 |                       |

SECTION E

**SECTION H2 | Social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN**

| The outcomes sought for the child or young person | What is needed to support Evie (to achieve each stated outcome) | When/how often will this happen | Who will provide this |
|---|---|---------------------------------|-----------------------|
|   |   |                                 |                       |
|   |   |                                 |                       |

SECTION E

**Any other support planned, including Preparing for Adulthood pathways**

| The outcomes sought for the child young person | What is needed to support Evie (to achieve each stated outcome) | When/how often will this happen | Who will provide this |
|--|---|---------------------------------|-----------------------|
| Higher Education and Employment                |   |                                 |                       |
|  |   |                                 |                       |
| Preparation for Independent Living             |   |                                 |                       |
|  |   |                                 |                       |
| Participation in Society                       |   |                                 |                       |
|  |   |                                 |                       |
| Good Health in Adult Life                      |   |                                 |                       |
|  |   |                                 |                       |

## **SECTION E (CONT.) | MONITORING AND REVIEW ARRANGEMENTS**

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When and how the plan will be reviewed (minimum annually).

In addition to the school's usual arrangements for reviewing progress and target setting for all, the following arrangements are necessary:

### **Option 1 - Annual review wording (pupils under 5 years)**

- Six monthly reviews of the Education Health Care Plan until Evie reaches five years of age, the first of which should be held by (month & year) and annual reviews of the Education Health Care Plan after that.
- At the first annual review in Nursery/Pre-School, Evie's transfer to infant school will be discussed and planned.

### **Option 2 - Annual review wording (pupils over 5 years)**

- Annual reviews of the Education Health Care Plan; the first Annual Review Meeting should be convened no later than 10 months from the date of the Final Education Health Care Plan.
- The school/college, in consultation with Evie's parents/carers, will agree short-term educational targets for Evie and incorporate them into an individualised learning plan within the first two months after the Education Health Care Plan is finalised. This plan will be monitored, evaluated and up-dated at least twice a year.
- Evie should be actively involved in setting targets and monitoring them.
- Evie's teacher(s)/tutors will contact parents/carers at least once every six weeks to share progress.

### **Option 3 - Annual review wording (Further Education)**

- Annual reviews of the Education, Health and Care (EHC) Plan: the first Annual Review Meeting should be convened no later than 10 months from the date of the Final EHC Plan.
- The College will agree short-term educational targets with Evie and incorporate them into an individualised learning plan. This short term plan will be monitored, evaluated and up-dated at least twice a year.
- Evie should be actively involved in setting his/her own targets and monitoring them.
- Evie's teacher(s) will contact his/her parents at least three times per year to share progress.

**Optional points:**

- **To be entered in all new Education Health Care Plan (Infant school only for pre year 2)**  
At the annual review in Year 1 Evie's transfer to junior school will be discussed and planned and a full review will be required during Year 2.
- **To be entered in all new Education Health Care Plan (pre year 5)**  
At the annual review in Year 5, Evie's transfer to secondary school will be discussed and planned and a full review will be required during Year 6.

**Add wording when issuing Amended EHCP at Key Stage Transfer.** At the annual review in Year 9, on-going school provision will be discussed, and the future of Evie's life after school. It will involve the agencies which may play a major role.

**SECTION I | EDUCATION PLACEMENT**

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Name & details of the early years setting/school/college/provider

|                           |  |
|---------------------------|--|
| <b>Name of setting</b>    |  |
| <b>Type of setting</b>    |  |
| <b>Start date</b>         |  |
| <b>Other arrangements</b> |  |

**SECTION J | PERSONAL BUDGET**

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| Have the family/young person made a request for a Personal Budget? |                                       | Yes/No<br>[delete as appropriate] |          |
|--|---------------------------------------|-----------------------------------|----------|
| Source   | How will the Personal Budget be used? | Which outcome will this support?  | Amount £ |
| Education  |                                       |                                   |          |
| Health   |                                       |                                   |          |
| Social Care  |                                       |                                   |          |
| Total Amount   |                                       |                                   | £        |

**SECTION K | ADVICE AND INFORMATION GATHERED DURING THE NEEDS ASSESSMENT**

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When assessing the child’s special educational needs under s323 of the Education Act 1996 the following reports, evidence and advice were taken into account and are available as appendices to this plan:

All of the evidence taken into account in drawing up the EHC plan must be listed here.

| Document/Agency | Written by | Date of Report | Contact No. |
|-----------------|------------|----------------|-------------|
|                 |            |                |             |
|                 |            |                |             |
|                 |            |                |             |
|                 |            |                |             |
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|                 |            |                |             |
|                 |            |                |             |
|                 |            |                |             |
|                 |            |                |             |

This plan has been written in conjunction with Evie’s parents/carers and the other people listed. The views reflected in section (A) were gathered as part of a person centred meeting and include Evie’s views and those of the adults who support her.

**LEAD PROFESSIONAL**

| Name | Position | Address | Contact No. |
|------|----------|---------|-------------|
|      |          |         |             |

**SECTION K | ADVICE AND INFORMATION GATHERED SINCE THE NEEDS ASSESSMENT**

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Advice Obtained by the Authority since the last assessment of the child under section 323 of the Education Act 1996.

| Document/Agency | Written by | Date of Report | Contact No. |
|-----------------|------------|----------------|-------------|
|                 |            |                |             |
|                 |            |                |             |
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|                 |            |                |             |
|                 |            |                |             |

***Agreeing the plan***

**A duly authorised officer of  
the authority:**

Signature: .....

Date: .....

|              |
|--------------|
| Date Amended |
| Final issued |
|              |
|              |

