

Warwickshire County Council

Education, Health and Care Plan



Draft EHC Plan

Date of issue of first **draft** EHC Plan: **xx/xx/xxxx**

Young person's name (dob:xx/xx/xxxx)

Date issued: xx/xx/xxxx

Synergy number: xxxxxx

Contents

Personal details

Personal details

Section A: All about YP Name

Section B: YP Name's special educational needs

Section E: Outcomes

Section F: Special educational provision

Section C: YP Name's health needs that relate to his/her SEN

Section E: Outcomes

Section G: Health Provision

Section D: YP Name's social care needs that relate to his/her SEN

Section E: Outcomes

Section H1 / H2: Social care provision

Section I: Placement

Looking forward

Section J: Funding

Monitoring and review of YP Name's plan

Section K: Appendices – The advice and information used in the plan

Young person's name (dob:xx/xx/xxxx)

Date issued: xx/xx/xxxx

Synergy number: xxxxxx

Personal details

Name:	YP's Name		
Date of birth:	DOB	Gender:	Male/Female
Home address:	Address		
Ethnicity:	Ethnicity	Religion:	Religion
UPN:	UPN	NHS Number:	NHS
Parent(s)/person(s) with parental responsibility			
Name:	Parent 1		
Relationship to child:	Father/Mother		
Address:	Address		
Contact number:	Mobile No		
E-mail address:	Email		
Name:	Parent 2		
Relationship to child:	Father/Mother		
Address:	Address		
Contact Number:	Mobile No		
E-mail address:	Email		
Is the child looked after?	Yes/No		
Care authority	e.g. Warwickshire		

Section A: All about YP Name

- i) How have YP Name and his/her family participated in the development of this Plan?

YP Name's parents completed the Family Conversation Record and contributed to the EHC Needs Assessment Process. YP Name's views were gathered from adults who know him/her well and from him/her completing a 'my views' form.

- ii) YP Name's story

*Young person's name (dob:xx/xx/xxxx)
Date issued: xx/xx/xxxx
Synergy number: xxxxxx*

iii) **YP Name's** views, interests and aspirations

iv) **YP Name's** Family's views and aspirations

DRAFT

*Young person's name (dob:xx/xx/xxxx)
Date issued: xx/xx/xxxx
Synergy number: xxxxxx*

YP Name's Action Plan – What should YP Name achieve and what support is needed

Communication and Interaction

Section B: YP Name's special educational needs

-
-
-
-

The support required to meet YP Name's Communication & Interaction needs

Section E: Outcome

By the end of Key Stage .

Short steps to enable YP Name to meet this outcome:

YP Name will:

Section F: Special Educational Provision	Who will provide support:
---	----------------------------------

<p>The above provision should be implemented with flexibility, based on YP Name's needs as they change and develop over time. It will be important to monitor her progress and the effectiveness of the support that is in place for him/her through a plan-do-review process that will determine, on an ongoing basis, the most effective support for him/her and the specifics of this support. The support will need to be adapted overtime to ensure that it continues to be relevant, appropriate, and well-tailored to YP Name.</p>	
---	--

Young person's name (dob:xx/xx/xxxx)
Date issued: xx/xx/xxxx
Synergy number: xxxxxx

Social, Emotional and Mental Health
--

Section B: YP Name's special educational needs

-
-
-
-
-

The support required to meet YP Name's social, emotional and mental health difficulties
--

Section E: Outcome

At the end of Key Stage xx,

Short steps to enable YP Name to meet this outcome

xxxx will:

-
-
-
-
-

Section F: Special Educational Provision	Who will provide support:
---	----------------------------------

Who will provide support:

The above provision should be implemented with flexibility, based on YP Name's needs as they change and develop over time. It will be important to monitor her progress and the effectiveness of the support that is in place for him/her through a plan-do-review process that will determine, on an ongoing basis, the most effective support for him/her and the specifics of this support. The support will need to be adapted overtime to ensure that it continues to be relevant, appropriate, and well-tailored to YP Name.

Young person's name (dob:xx/xx/xxxx)

Date issued: xx/xx/xxxx

Synergy number: xxxxxx

Cognition and Learning

Section B: YP Name's special educational needs

-
-

The support required to meet YP Name's cognition and learning difficulties

Section E: Outcome

At the end of Key Stage xx,

Short steps to enable YP Name to meet this outcome xxx will:

-
-
-
-
-
-

Section F: Special Educational Provision	Who will provide support:
---	----------------------------------

<p>The above provision should be implemented with flexibility, based on YP Name's needs as they change and develop over time. It will be important to monitor her progress and the effectiveness of the support that is in place for him/her through a plan-do-review process that will determine, on an ongoing basis, the most effective support for him/her and the specifics of this support. The support will need to be adapted overtime to ensure that it continues to be relevant, appropriate, and well-tailored to YP Name.</p>	
---	--

Young person's name (dob:xx/xx/xxxx)
Date issued: xx/xx/xxxx
Synergy number: xxxxxx

Physical and/or Sensory

Section B: YP Name's special educational needs

-
-
-
-

The support required to meet YP Name's Physical, sensory and personal care needs

Section E: Outcome

At the end of Key Stage x,

Short steps to enable YP Name to meet this outcome
xxx will:

-
-
-
-
-

Section F: Special Educational Provision	Who will provide support:
---	----------------------------------

<p>The above provision should be implemented with flexibility, based on YP Name's needs as they change and develop over time. It will be important to monitor her progress and the effectiveness of the support that is in place for him/her through a plan-do-review process that will determine, on an ongoing basis, the most effective support for him/her and the specifics of this support. The support will need to be adapted overtime to ensure that it continues to be relevant, appropriate, and well-tailored to YP Name.</p>	
---	--

Young person's name (dob:xx/xx/xxxx)
Date issued: xx/xx/xxxx
Synergy number: xxxxxx

Health Needs

Section C: YP Name's health needs that relate to his/her SEN
<ul style="list-style-type: none"> • xxx

The support required to meet YP Name's health/medical needs	
Section E: Outcome	
None identified	
Section G: Health Provision reasonably required by the learning difficulties or disabilities which result in YP Name having SEN	Who will provide support:
None identified	

Social Care

Section D: YP Name's social care needs that relate to his/her SEN
<ul style="list-style-type: none"> • xxx

The support required to meet YP Name's social care needs	
Section E: Outcome	
None identified	

Young person's name (dob:xx/xx/xxxx)
 Date issued: xx/xx/xxxx
 Synergy number: xxxxxx

Section H1: Social care provision which must be made for a child / young person under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970	
--	--

Section H1: Social Care Provision	Who will provide support:
--	----------------------------------

None identified	
-----------------	--

Section H2: Other social care provision reasonably required by the learning difficulties and disabilities which result in YP Name having special educational needs	
---	--

Section H2: Social Care Provision	Who will provide support:
--	----------------------------------

None identified	
-----------------	--

Young person's name (dob:xx/xx/xxxx)
Date issued: xx/xx/xxxx
Synergy number: xxxxxx

Section I : Placement

Type of provision	
Name of placement	

Looking Forward

What support will be needed in the future?	What planning needs to take place?	Who will do this?	When will this happen?

Section J: Funding

Type of support	Cost	Who is responsible for funding this?	Is this available as a direct payment?	Has a direct payment been agreed?
Special/Mainstream school placement (school based budget)	£6,000/£10,000	School	No, school based funding	No, bought on Child's Name's behalf
School placement (additional funding)		Warwickshire Local Authority	No, bought on Child's Name's behalf	No, bought on Child's Name's behalf
Speech and Language Therapy Service	Local Offer	NHS Foundation Trust	No, bought on YP Name's behalf	No, bought on YP Name's behalf

<p>This plan was completed on:</p> <p>Xx/xx/xxxx</p>	<p>Signature of duly authorised Officer of the Local authority</p> <p>EHC Plan Coordinator</p>
--	---

Young person's name (dob:xx/xx/xxxx)

Date issued: xx/xx/xxxx

Synergy number: xxxxxx

Annual Review of this EHC Plan

The next review of this Education, Health and Care Plan will take place on or before either the anniversary of the first EHC Plan or last Annual Review of the EHC Plan (whichever is most recent). However, if the child is under 5 years of age, the Annual Review must take place every six months.

All people who contributed to this plan will be invited to join the meeting or send in information.

Please refer to the Warwickshire SENDOCS page (www.warwickshire.gov.uk/sendocs) for further advice and guidance regarding person centred annual reviews and the documentation that needs to be completed.

If there are any significant changes in needs then Education, Health or Care can consider calling an additional review of this Plan.

Section K: Appendices – The advice and information requested or used, and to be read in conjunction with this plan:

Name	Role/Job title	What information was used?	Date
xxxx	Senco Head Teacher xxxx	School referral Form for an EHCNA	x
xxxx	Senco Mother	Family Conversation Record	x
xxxx	Young person Senco	My Views Form	
xxxx	Educational Psychologist	Psychological Advice	
xxxx	Specialist Speech and Language Therapist	Report	

*Young person's name (dob:xx/xx/xxxx)
Date issued: xx/xx/xxxx
Synergy number: xxxxxx*