

Warwickshire County Council

Education, Health and Care Plan

Young Person's Name



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

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Personal details

Name:	Young Person'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		

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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**

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

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

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

Friends, Relationships and Community Inclusion

Section B: YP Name's special educational needs

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-
-
-

The support required to meet YP Name's Friends, Relationships and Community Inclusion

Section E: Outcome

For **his/her** transition to adulthood

Short steps to enable YP Name to meet this outcome:

xxx will:

-
-
-
-
-

Section F: Special Educational Provision	Who will provide support:
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<p>The above provision should be implemented 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>	
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Health and Psychological Well-being

Section B: YP Name's special educational needs

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-
-
-

The support required to meet YP Name's Health and Psychological Well-being

Section E: Outcome

For **his/her** transition to adulthood

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

-
-
-
-
-

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

<p>The above provision should be implemented 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</p>	
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<p>overtime to ensure that it continues to be relevant, appropriate, and well-tailored to YP Name.</p> <p>.</p>	
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Learning and Employment Related Skills

Section B: YP Name's special educational needs

<ul style="list-style-type: none"> • •
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The support required to meet YP Name's Learning and Employment Related Skills

Section E: Outcome

<p>For his/her transition to adulthood</p> <p><u>Short steps to enable YP Name to meet this outcome xxx will:</u></p> <ul style="list-style-type: none"> • • • • •
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Section F: Special Educational Provision	Who will provide support:
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<p>The above provision should be implemented 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</p>	
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<p>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>	
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Independence, Life Skills and Community Living Skills

Section B: YP Name's special educational needs

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-
-
-

The support required to meet YP Name's Independence, Life Skills and Community Living Skills

Section E: Outcome

For **his/her** transition to adulthood

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

-
-
-
-

Section F: Special Educational Provision	Who will provide support:
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<p>The above provision should be implemented 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</p>	
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<p>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>	
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Health Needs

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

- xxx

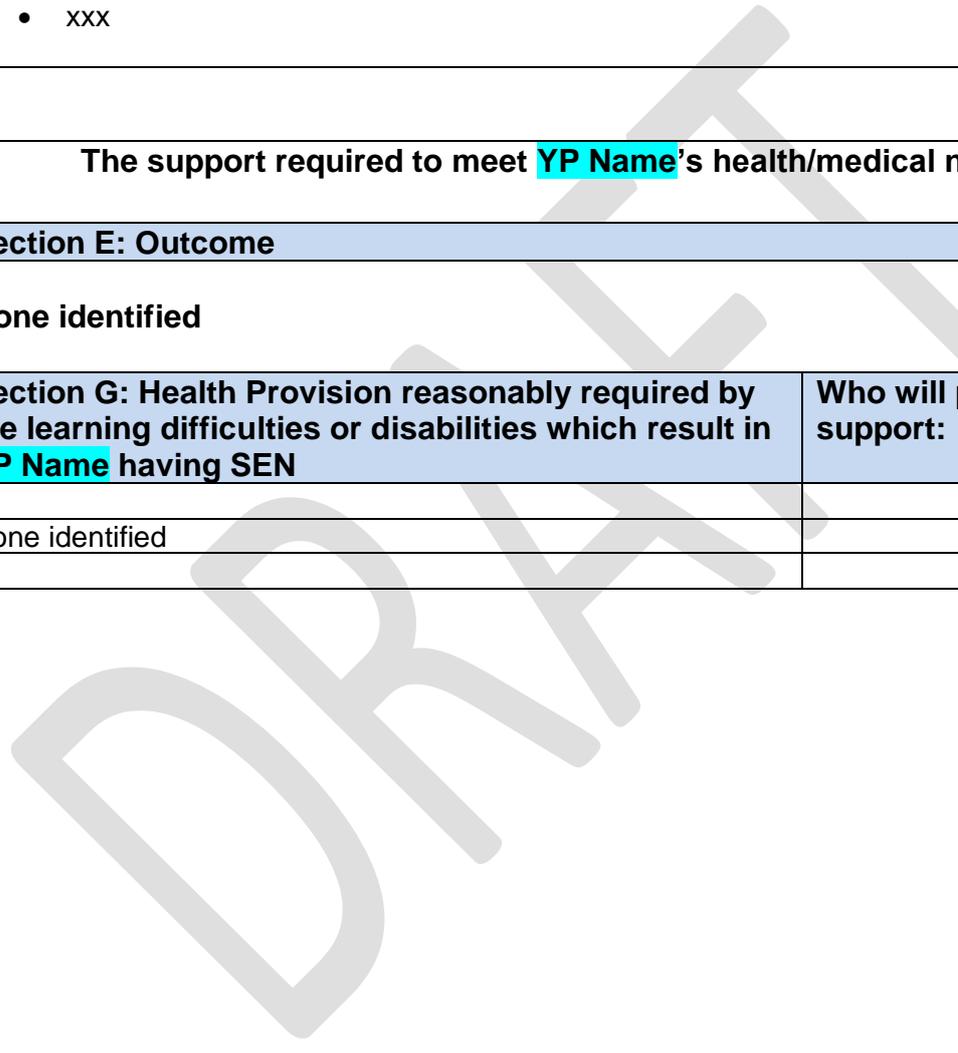
The support required to meet YP Name's health/medical needs

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:
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None identified	
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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

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	

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?
Education setting (provider based budget)		Education setting	No, Education setting based funding	No, bought on Child's Name behalf
Education setting (additional funding)		Warwickshire Local Authority	No, bought on Child's Name behalf	No, bought on Child's Name 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
For Post 16** Include this in Section J if Section H2 has provision detailed. If H2 is not completed please delete this and the paragraph below before issuing"				
For any young people who is eligible for social care funding				

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<p>from the age of 18 onwards, funding received from Adult Social Care is subject to charging.</p> <p>Please see www.warwickshire.gov.uk/socialcarecharges</p>				
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<p>This plan was completed on:</p> <p>xx/xx/xxxx</p>	<p>Signature of duly authorised Officer of the Local authority</p> <p>Name EHC Plan Coordinator</p>
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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.

Next Agreed Review Date	
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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	Young person Senco	My Views Form	
xxxx	Senco Head Teacher xxxx	School referral Form for an EHCNA	x
xxxx	Senco Mother	Family Conversation Record	x
xxxx	Educational Psychologist	Psychological Advice	
xxxx	Specialist Speech and Language Therapist	Report	

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