



**My education, health and care (EHC) plan**

**My first plan (**

**Date:**

******My name is:**

**I like to be known as:**

**I was born on**

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| **All about me Section A** |

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**This information was provided by me and by XXXX / with the help of XXXX**

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| **What I would like to achieve**  |
| **My plan outcomes are:** |

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| --- | --- | --- |
| **How to communicate with me** |  | **How I need to be supported to be heard and to engage in decision making** |

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| **Me and my story** |
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| **What I want to be able to do soon** | **What I want in my future** |
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**My family and people who care about me**

|  |  |  |
| --- | --- | --- |
| **What my family want for me now** |  | **What my family want for my future** |

**Contents**



* **One Page Profile Section A**

 **All about me**

* **How I think, learn and process information\* Sections B, E, F**

 **How I communicate and understand others\***

 **How I feel and manage my emotions and get on with others\***

 **My sensory and physical abilities and needs\***

 **(\*Including preparing for independence)**

* **My health needs and possible diagnoses Section C**

**What help I need from health to achieve my outcomes Section G**

* **My care needs Section D**

**What help I need from Care to achieve my outcomes Sections H1, H2**

* **Arrangements for review of EHC plan**
* **My educational placement Section I**
* **The resources that will support me Section J**
* **My Details and contacts**
* **Appendices Section K**

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| **How I think, learn and process information**Cognition and learning |
| **What I can do** **Section B** |
|  |
| **What I need help with****Section B** |
|  |
| **Preparing for Independence** |
| **In education and learning:****At home:****In the community:** |

|  |  |  |
| --- | --- | --- |
| **What I would like to be able to do:**Section E | **What help I need:**Section F | **Who will provide the support?** |
| **By the end of year XXXXX I will be able to:****XXXXXXXXXXXXX****This will help me to:****XXXXXXXXXXXXX** |  |  |

**For my short-term targets and things I need to do first see my setting Action Plan.**

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| --- |
| **How I communicate with and understand others**Communication and interaction |
| **What I can do** Section B |
|  |
| **What I need help with**Section B |
|  |
| **Preparing for Independence** |
| **In education and learning:****At home:****In the community:** |

|  |  |  |
| --- | --- | --- |
| **What I would like to be able to do:**Section E | **What help I need:**Section F | **Who will provide the support?** |
| **By the end of year XXXXX I will be able to:****XXXXXXXXXXXXX****This will help me to:****XXXXXXXXXXXXX** |  |  |

**For my short-term targets and things I need to do first see my setting Action Plan.**

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| --- |
| **How I feel and manage my emotions and get on with others**SEMH |
| **What I can do** Section B |
| emotions |
| **What I need help with**Section B |
|  |
| **Preparing for independence**  |
| **In education and learning:****At home:****In the community:** |

|  |  |  |
| --- | --- | --- |
| **What I would like to be able to do:**Section E | **What help I need:**Section F | **Who will provide the support?** |
| **By the end of year XXXXX I will be able to:****XXXXXXXXXXXXX****This will help me to:****XXXXXXXXXXXXX** |  |  |

**For my short-term targets and things I need to do first see my setting Action Plan.**

|  |
| --- |
| **My sensory and physical abilities and needs** |
| **What I can do** Section B |
|  |
| **What I need help with**Section B |
|  |
| **Life Skills – Preparing for Independence**  |
| **In education and learning:****At home:****In the community:** |

|  |  |  |
| --- | --- | --- |
| **What I would like to be able to do:**Section E | **What help I need:**Section F | **Who will provide the support?** |
| **By the end of year XXXXX I will be able to:****XXXXXXXXXXXXX****This will help me to:****XXXXXXXXXXXXX** |  |  |

**For my short-term targets and things I need to do first see my setting Action Plan.**

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| --- |
| **cid:image003.png@01D56CC1.5DF5DEA0My health needs and possible diagnoses**Section C |
| **How this impacts my life and what it means for me day to day:****How this affects my learning:****How this impacts my preparation for independence and life skills:**  |
| **What help I need from health to achieve my outcomes** Section G |
|  |
|  |
| **My care needs**Section D |
| **What this means for me day to day:****How this affects my learning:****Life Skills – Preparing for Independence**  |
| **What help I need from Care to achieve my outcomes**Section H1 & H2 |
| **H1: all services assessed as being needed for a disabled child or young person under 18, under section 2 of the Chronically Sick & Disabled Persons Act (CSDPA) 1970 . These services include: practical assistance in the home provision or assistance in obtaining recreational and educational facilities at home and outside the home** |
| H1: |
| **H2: services which are not provided under Section 2 of the CSDPA. For children and young people under 18 this includes residential short breaks and services provided to children arising from their SEN but unrelated to a disability. This should include any provision secured through a social care direct payment.** |
| H2: |

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| **Arrangements for review of the EHC plan** |
| A full review should be held within twelve months of the issue of the education, health and care (EHC) plan and at least every twelve months thereafter. The review can be held sooner if there are serious concerns about XXXXX's progress.The review must take account of XXXXX’s views, wishes and feelings. At the Annual Review in Year 9 and thereafter, consideration should be given to preparation for adulthood and independent living. At the review XXXXX's progress towards the outcomes will be considered. A copy of the completed review report will be sent to the Local Authority within 10 days of the meeting. The Local Authority must make a decision within four weeks of the review whether to maintain, amend or cease a plan or whether a re-assessment of need is appropriate. |
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| **My educational placement** Section I |
| Name of setting (school, college, training provider) |  |
| Type of setting |  |

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| **The resources that will support me** Section J |

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| **1. Personal Budget** |

This section provides information on any Personal Budget that will be used to secure provision in the education, health and care (EHC) plan and to meet the outcomes detailed.

**Has a Personal Budget been agreed?** Yes /No

|  |  |
| --- | --- |
| **Provision** | **Personal Budget Value** |
|  |  |
|  |  |
|  |  |
| **Total personal budget:** |  |

|  |
| --- |
| **2. SEND funding arrangements:** |

E.g. Mainstream:

In addition to the core funding (Element 1) and the delegated SEN funding (Element 2) provided to the school, the Local Authority will provide a top up allocation (Element 3) of Band XXXXXX, to support XXXXXX in achieving the desired outcomes set out within this education health and care (EHC) plan. The SENCO and class teacher will oversee any arrangements for support and resources to meet your child’s needs.

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| **3. Health funding** |
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| **4. Social Care funding** |
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| **My details and contacts** |

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| **My name is**  |  |
| **I like to be called** |  |
| **My date of birth is** |  | **My gender is** |  |
| **Where I live** |  |
| **My phone number** |  | **My Unique Pupil Number** |  |
| **My ethnicity** |  | **My religion** | <unknown> |
| **People with parental responsibility for me** |  |



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| --- |
| **My parent carer details** |
| **Name of my parent/carer** | **Their Relationship to me** | **Their address** | **Their phone number(s) and email address** |
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| --- | --- |
| **Who I live with** |  |

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| --- |
| **My EHC plan lead agency contact details** |
| **My education contact(s)** |
| **Name** | **Job title** | **Address** | **Telephone no** | **Email**  |
|  | SEN Planning Co-ordinator | Special Educational Needs, Schools and Learning, Dorset Council, County Hall, Dorchester, Dorset, DT1 1XJ | 01305 224895 | senteam@dorsetcouncil.gov.uk |

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| **My health contact(s)** |
| There is currently no lead health care professional for this education, health and care (EHC) plan. |

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| **My social care contact(s)** |
| Am I a Looked After Child? Yes / NoType of Care Order: |
| There is currently no lead social care professional for this education, health and care (EHC) plan. |

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| **Section K: People who contributed to my education, health and care (EHC) plan**  |



|  |  |  |  |
| --- | --- | --- | --- |
| **Their Name** | **Who are they?** | **How did they contribute?** | **Date of contribution** |
|  |  |  |  |
|  |  |  |  |
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**Final Statutory education, health and care (EHC) plan**

**Date:09/09/2019**

**EHC plan Number: 1**

In accordance with the Children and Families Act 2014, the following statutory education, health and care (EHC) plan is made by Dorset Council ('the education authority') and the Dorset NHS Clinical Commissioning Group ('the health authority') in respect of **XXXXXXXXXX** whose particulars are set out below.

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| **Signature on behalf of the Local Authority** |
|  |