



|                         | Date |
|-------------------------|------|
| Proposed Plan           |      |
| Amended proposed Plan   |      |
| Final Plan              |      |
| Scheduled Annual Review |      |

## Education, Health and Care Plan for (*Child's name*)

In accordance with the Children and Families Act 2014, the following Education, Health and Care Plan is made by Medway Council ('the education authority') in respect of (*child's name*) whose particulars are set out below.

| Table of contents |   |
|-------------------|---|
| Section A         | Views, interests and aspirations of the child / young person and his/her parents. |
| Section B         | Special Educational Needs (SEN)   |
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| Section H         | Social care provision   |
| Section I         | Educational placement   |
| Section J         | Personal budget   |
| Section K         | Advice and information gathered   |

**General information:**

|                            |          |                                  |  |
|----------------------------|----------|----------------------------------|--|
| Surname:                   |          | First name:                      |  |
| Preferred name:            |          | DOB:                             |  |
| Gender:                    |          | Religion                         |  |
| Looked after child:        | Yes / No | If yes, to which Local Authority |  |
| Address:                   |          |                                  |  |
| Current school or setting: |          | Unique Pupil No (UPN):           |  |

|  |                |                                    |  |
|--|----------------|------------------------------------|--|
| Parent/carer: (1)                                      |                | Relationship to child/young person |  |
| Contact details of parents/carers:                     | H:<br>M:<br>W: | Email:                             |  |
| Address: (if different from above)                     |                |                                    |  |
| Parent/carer: (2)                                      |                | Relationship to child/young person |  |
| Contact details of parents/carers:                     | H:<br>M:<br>W: | Email:                             |  |
| Address: (if different from above)                     |                |                                    |  |
| Name of other person/s with parental responsibility    |                |                                    |  |
| Contact details person/s with parental responsibility: | H:<br>M:<br>W: | Email:                             |  |
| Address:   |                |                                    |  |

|  |  |  |  |
|--|--|--|--|
| Language used at home: (state if an interpreter is needed) |  | Preferred way of communicating: (e.g. signing) |  |
| GP name and address:                                       |  | Child/young person's NHS No:                   |  |

**SECTION A:** The views, interests and aspirations of *(child's name)* and his/her parents/carers.

*(child's name)*'s Profile

| My history   |                            |
|--|----------------------------|
|  |                            |
| How the views of the child/young person and/or parent/carer have been gathered |                            |
|  |                            |
| Photo <i>(optional)</i>  | What's important to me     |
|  |                            |
|  | What I'm good at           |
|  |                            |
| What I would like to do in the future  |                            |
|  |                            |
| How I like to be supported   | How to communicate with me |
|  |                            |

| Parents'/carers' views and aspirations for the future for <i>(child's name)</i> |
|---|
|   |

**SECTION B: Special Educational Needs and SECTION F: Special Educational Provision**

| <b>Special Educational Needs</b>               |                                  |
|--|----------------------------------|
| <b>1 Communication and interaction</b>         |                                  |
| B: Strengths                                   |                                  |
|  |                                  |
| B: Special Educational Needs                   | F: Special Educational Provision |
| <u>Baseline Assessments:</u>                   |                                  |
| <b>2 Cognition and learning</b>                |                                  |
| B: Strengths                                   |                                  |
|  |                                  |
| B: Special Educational Needs                   | F: Special Educational Provision |
| <u>Baseline Assessments:</u>                   |                                  |
| <b>3 Social emotional and/or mental health</b> |                                  |
| B: Strengths                                   |                                  |
|  |                                  |
| B: Special Educational Needs                   | F: Special Educational Provision |
| <u>Baseline Assessments:</u>                   |                                  |
| <b>4 Sensory and/or physical</b>               |                                  |
| B: Strengths                                   |                                  |
|  |                                  |
| B: Special Educational Needs                   | F: Special Educational Provision |
| <u>Baseline Assessments:</u>                   |                                  |
| <b>5 Self-help and independent skills</b>      |                                  |
| B: Strengths                                   |                                  |
|  |                                  |
| B: Special Educational Needs                   | F: Special Educational Provision |
| <u>Baseline Assessments:</u>                   |                                  |

**SECTION C:** Health needs, including any diagnosed health conditions (*further detail is provided in the health advice and information attached*) and how they relate to (child's name)'s SEN or health needs unrelated to SEN and **SECTION G:** Health provision

| Health                |                     |
|-----------------------|---------------------|
| C: Health needs       | G: Health provision |
| C1 Related to SEN:    |                     |
| C2: Unrelated to SEN: |                     |

**SECTION D:** Social Care needs and how they relate to (child's name)'s SEN or unrelated to SEN and **SECTION H:** Social Care provision

| Social Care          |   |
|----------------------|---|
| D: Social Care needs | H: Social Care provision  |
| D1 Related to SEN:   | H1 Social care provision made for a child or young person under 18 resulting from s2 of the Chronically Sick and Disabled persons Act 1970: |
| D2 Unrelated to SEN: | H2 Other social care provision:   |

**SECTION E:** Outcomes sought for (child's name) by the end of Key Stage X

| Special Educational Needs outcomes |
|------------------------------------|
| B1:                                |
| B2:                                |
| B3:                                |
| B4:                                |
| B5:                                |
| C1:                                |
| C2:                                |
| D1:                                |
| D2:                                |

### Arrangements for monitoring progress and; setting and monitoring short term targets

*Within 15 academic days of the issue of the final Education, Health and Care (EHC) Plan, the Special Needs Co-ordinator (SENCO) of the education setting named in Section I of this EHC Plan, in partnership with (child's name) and his/her parents/carers will create a plan that sets out short-term targets for (child's name) for the next 12 months. These will be appended to the EHC Plan. The short-term targets will be reviewed by the educational setting and the parents/carers regularly and usually termly and amended if necessary.*

*The EHC plan will be reviewed annually by the educational setting. This review will involve (child's name) and his/her parents/carers and all professionals involved with (child's name) will be invited to the Annual Review meeting and asked to contribute an up-to-date report.*

**Provision that must be made for (child's name) from Year 9 onwards**

*The school/college will provide (child's name) with independent Information, Advice and Guidance (IAG) around careers and further study opportunities at the relevant stage of his/her education in line with Section 29, Paragraph 2 (1) of the Education Act 2011.*

### Key transition points

| Key Transition:  | Date: | Relevant Annual Review.   |
|--|-------|---|
| Early Years to Infants<br>Infants to Juniors<br>Junior to Secondary<br>Preparation for adulthood<br>Secondary to Post 16 |       | 6 monthly reviews.<br>Year 2 Annual Review<br>Year 5 Annual Review<br>Year 9 Annual Review<br>Year 10 Annual Review |

### SECTION I: Educational placement

|       |  |
|-------|--|
| Name: |  |
| Type: |  |

### SECTION J: Personal budget

|             | Details (including needs and outcomes to be met) | Arrangements for Direct Payments |
|-------------|--|----------------------------------|
| Education   |  |                                  |
| Social Care |  |                                  |
| Health      |  |                                  |

**SECTION K:** The advice and information gathered during the EHC needs assessment

|   | List of appendices             | Name of author | Date |
|---|--------------------------------|----------------|------|
| 1 | Child                          |                |      |
| 2 | Parent / carer / guardian      |                |      |
| 3 | Education / school / setting   |                |      |
| 4 | Educational psychology         |                |      |
| 5 | Health                         |                |      |
| 6 | Specialist teacher             |                |      |
| 7 | Social Care                    |                |      |
| 8 | Any other requested by parents |                |      |
| 9 | Any other deemed appropriate   |                |      |

.....  
*Title:*

.....  
*Date*

*Duly Authorised Officer on behalf Medway Council*