

## LONDON BOROUGH OF HARROW

### Education, Health and Care Plan (EHC plan)

**Name:**

**Date of Birth:**

**Status of Plan:** Choose an item.

**Date of issue:**

Sections in plan	
Section A	General information and the views, interests and aspirations of (name of child/YP) and their parent/s
Section B	Special educational needs identified
Section C	Health needs which are related to their special education needs
Section D	Social care needs which are related to their special education needs
Section E	Outcomes sought
Section F	The special educational provision required
Section G	Any health provision reasonably required by the learning difficulties and disabilities which result in the child or young person having SEN.
Section H1/H2	<p>H1: Any social care provision which <b>must</b> be made for a child or young person under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970</p> <p>H2: Any other social care provision reasonably required by the learning difficulties and disabilities which result in the child or young person having SEN. This will include any adult social care provision being provided to meet a young person's eligible needs (through a statutory care and support plan) under the Care Act 2014.</p>
Section I	The name and type of the school, maintained nursery school, post-16 institution or other institution to be attended by the child or young person and the type of that institution.
Section J	Where there is a personal budget, the details of how the personal budget will support particular outcomes, the provision it will be used for including any flexibility in its usage and the details of any agreement for a direct payment for education, health and social care as set out in respective regulations.
Section K	The advice and information gathered during the EHC needs assessment (in appendices). There should be a list of this advice and information.

**Section A**  
**General Information**

Child / Young Person's (YP) Information		
Surname		
First name		
Date of Birth:	Gender: Choose an item.	
Home Language:	Language interpretation support needed? Choose an item.	
Ethnicity: Choose an item.	Funding Authority:	
Looked After Child: Choose an item.	Legal Care Status: Choose an item.	Framework i Number :
Unique Pupil Number (UPN):	NHS Number:	

Parent /Carer Information		
Parent(s) Carer(s) Name(s)		Relationship to the child/YP
Home Address		Telephone Numbers Home: Work: Mobile:
Postcode		
Email address		

<b>Education Information</b>	
Current educational setting	
Address	
Type of educational provision	
Start date	

<b>Local Authority Contact Information</b>	
Named casework officer for the assessment period	
Telephone number	
Email	

<b>Local Authority Contact Information</b>	
Named casework officer once the Plan has been finalised	
Telephone number	
Email	

**Family / child / YP views and general information**

Information taken from section 3 of the review document or 'All About Me'

**Parent(s)' aspirations**

(State who this was provided by)

**Child/Young person's aspirations**

(State if anyone helped C/YP with this part. If yes, what was their name and how did they help)

**Aspirations for the short term****Aspirations for the short term****Aspirations for the long term****Aspirations for the long term**

**Sections B/E/F**

**Summary of Identified Skills, Strengths and Special Educational Needs**

<b>Category of need</b> (4 broad areas identify primary need)			
<b>Communication and interaction</b> Choose an item.	<b>Cognition and learning</b> Choose an item.	<b>Social, emotional and mental health difficulties</b> Choose an item.	<b>Sensory and / or physical needs</b> Choose an item.
<b>Please give a short summary of need:</b>			

<b>Area of need</b>	<b>Strengths &amp; skills identified in co-ordinated assessments</b>	<b>Identified Special Educational Needs identified</b> Please bullet point any remaining areas of need (describe the difficulties e.g. struggles with two key word instructions, is socially isolated)	<b>Agreed Outcomes</b>
<b>Communication and interaction</b>			Short term
			Long term
<b>Provision required to achieve outcome:</b>		<b>By whom</b>	

Area of need	Strengths & skills identified in co-ordinated assessments	Identified Special Educational Needs identified Please bullet point any remaining areas of need (describe the difficulties e.g. struggles with two key word instructions, is socially isolated)	Agreed Outcomes
<b>Cognition and learning</b>	Prompt: to include educational attainment, national curriculum and expected grades		Short term
			Long term
<b>Provision required to achieve outcome:</b>		<b>By whom</b>	

Area of need	Strengths & skills identified in co-ordinated assessments	Identified Special Educational Needs identified. Please bullet point any remaining areas of need (describe the difficulties e.g. struggles with two key word instructions, is socially isolated)	Agreed Outcomes
<b>Social, mental and emotional health</b>			Short term
			Long term
<b>Provision required to achieve outcome:</b>		<b>By whom</b>	

Area of need	Strengths & skills identified in co-ordinated assessments	Identified Special Educational Needs identified Please bullet point any remaining areas of need (describe the difficulties e.g. struggles with two key word instructions, is socially isolated)	Agreed Outcomes
<b>Sensory, motor and physical</b>	Prompt: to include growth, hearing, vision, physical health, co-ordination, hand function , self-help skills, mobility and posture		Short term
			Long term
<b>Provision required to achieve outcome:</b>		<b>By whom</b>	

Area of need	Strengths & skills identified in co-ordinated assessments	Identified Special Educational Needs identified. Please bullet point any remaining areas of need (describe the difficulties e.g. struggles with two key word instructions, is socially isolated)	Agreed Outcomes
<b>Independence and community</b>			Short term
			Long term
<b>Provision required to achieve outcome:</b>		<b>By whom</b>	

Education support as outlined within the plan to be provided by the setting from SEN delegated funding, supplemented by additional funding from the authority equivalent to [ number of hours ] per week teaching assistant support.



Office Use Only

## Sections C/G

Summary of [Name of child/YP] health needs which are related to his/her special educational needs		
Area of need	Provision required to achieve outcome	By whom

## Sections D/H

Summary of [Name of child/YP] social care needs which are related to his/her special educational needs. (Taken from social care advice and including links to other plans and personalised support)	
<p><b>Social care</b> Any social care provision which <b>must</b> be made for a child or young person under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970.            Section H2: Any other social care provision reasonably required by the learning difficulties and disabilities which result in the child or young person having SEN. This will include any adult social care provision being provided to meet a young person's eligible needs (through a statutory care and support plan) under the Care Act 2014.</p>	
Provision required to achieve outcome:	By whom
Section H1:	
Section H2:	

## Section I

### Educational Placement

<b>Educational Setting</b> (This section is to be left blank in the draft EHC Plan)	
Type of placement	
Name and address of setting	
Named contact and details	

## Section J

### Personal Budget

<b>Provision in this plan that is eligible to be provided through a personal budget are:</b>	<b>Personal budget value</b>
<b>Total Personal Budget</b>	

**Transport** (Transport can only be provided if the child/YP is eligible for transport and an application has been made to the Special Educational Needs Assessment & Review Service (SENARS))

Provision required to achieve outcome	By whom

**Section K**

**The advice and information gathered during the EHC needs assessment (in appendices)**

<b>Reports and Assessments that have been used to help write this plan</b>		
Report / Assessment	Name and role of who wrote the Report / Assessment	Date it was written

## Arrangements for Review

This plan will be reviewed at least annually. All outcomes will be reviewed with parents and professionals at the annual review arranged by the educational setting.

Each service will be responsible for reviewing their part of the plan and may hold more frequent reviews of particular parts of the plan. This will be reflected in the annual review of the plan.

Date of draft plan:	Date of final plan:
Name and signature of an authorised officer of the Authority:	
Name _____	Signature _____