

Child/Young Person Photo -Optional

The London Borough of Lambeth Education Health & Care Plan

name & d.o.b.

Contents:

Contact details

EHC Plan meeting contributors

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Glossary of terms

Contacts

| Child/Young Person's Information | | | |
|----------------------------------|----------|---------------|--|
| Surname | | Home address | |
| Other names | | | |
| Date of birth | dd.mm.yy | | |
| Gender | | | |
| Religion | | Post code | |
| Home language/s | | Ethnic origin | |
| NHS number | | Social Care | |
| Framework number | | Status | |

| Parent/Carer's Information | | |
|----------------------------|--------------|--|
| Surname | Home address | |
| Other names | | |
| Relationship to child | | |
| Home telephone number | | |
| Mobile telephone number | Post code | |
| Work telephone number | email | |
| | | |
| Surname | Home address | |
| Other names | | |
| Relationship to child | | |
| Home telephone number | | |
| Mobile telephone number | Post code | |
| Work telephone number | email | |

| Educational setting | contact information | | |
|--------------------------------------|----------------------------|------------------------|--|
| Name and address of setting | | Unique pupil number | |
| Name and contact details of SENCO | Name Telephone Email | Type of setting | |

| Local Authority contact information | | |
|-------------------------------------|-------------------|-----|
| EHC coordinator name | Telepho number | one |
| Address | email | |

| KEY PRACTITIONERS | |
|------------------------|--|
| ducation Practitioners | |

| Name | Role | Contact details: |
|------------------|------------|------------------|
| | | Address: |
| | | Email: |
| | | Telephone: |
| | | Address: |
| | | Email: |
| | | Telephone: |
| | | Address: |
| | | Email: |
| | | Telephone: |
| Health Practitio | oners | |
| Name | Role | Contact details: |
| | | Address: |
| | | Email: |
| | | Telephone: |
| | | Address: |
| | | Email: |
| | | Telephone: |
| | | Address: |
| | | Email: |
| | | Telephone: |
| Social Care Prac | ctitioners | |
| Name | Role | Contact details: |
| | | Address: |
| | | Email: |
| | | Telephone: |

| EHC Meeting: dd.mm.yy | |
|-----------------------|-------|
| Attended by: | Role: |
| | |
| | |

| Primary area of need | |
|----------------------------------|--|
| Primary special educational need | |
| Known diagnoses | |

SECTION A

All About Me

The child/young person's views, interests and aspirations. Please clarify how this section was recorded.

Parent/Carer's Aspirations

The parent/carer's views about their child and their hopes and aspirations for their child's future.

SECTION B, E and F

XXX Strengths and Special Educational Needs, Outcomes and Special Educational Provision (including provision required to assist young person, Yr9 and above, in preparation for adulthood and independent living)

| Communication and Interaction | | | |
|-------------------------------|--------------------------------|-----------|---------|
| Baseline assessments: | | | |
| Strengths: | | | |
| В | E | F | F |
| Special educational needs: | Outcomes: | Provision | By whom |
| | Long Term: (3 years) | | |
| | By the end of year X, xxx will | | |
| | Medium Term: (18 mths) | | |
| | By the end of year X, xxx will | | |

| Cognition and Learning | | | |
|----------------------------|----------------------|-----------|---------|
| Baseline assessments: | | | |
| Strengths: | | | |
| • | | | |
| В | E | F | F |
| Special educational needs: | Outcomes: | Provision | By whom |
| | Long Term: (3 years) | | |

Education Health and Care Plan for XXX

Draft/Proposed/Final/Amended

| By the end of year X, xxx will | |
|--------------------------------|--|
| Medium Term: (18 mths) | |
| By the end of year X, xxx will | |

| Social, Mental and Emotional Health | | | |
|-------------------------------------|--------------------------------|-----------|---------|
| Baseline assessments: | | | |
| Strengths: | | | |
| • | | | |
| В | E | F | F |
| Special educational needs: | Outcomes: | Provision | By whom |
| | Long Term: (3 years) | | |
| | By the end of year X, xxx will | | |
| | | | 1 |
| | Medium Term: (18 mths) | | |

| Physical and/or Sensory | | | |
|----------------------------|-----------|-----------|---------|
| Baseline assessments: | | | |
| Strengths: | | | |
| • | | | |
| В | E | F | F |
| Special educational needs: | Outcomes: | Provision | By whom |

Education Health and Care Plan for XXX

Draft/Proposed/Final/Amended

| Long Term: (3 years) | |
|--------------------------------|--|
| By the end of year X, xxx will | |
| Medium Term: (18 mths) | |
| By the end of year X, xxx will | |

| Independence and Commun | ity Involvement | | |
|----------------------------|--------------------------------|-----------|---------|
| Baseline assessments: | | | |
| Strengths: | | | |
| В | E | F | F |
| Special educational needs: | Outcomes: | Provision | By whom |
| | Long Term: (3 years) | | |
| | By the end of year X, xxx will | | |
| | Medium Term: (18 mths) | | |
| | By the end of year X, xxx will | | |

SECTION C

Additional Health information (in relation to ongoing health care needs)

Strengths:

Health needs:

SECTION D

Additional Care information (including links to other plans and personalised support plans) Strengths:

Social care needs:

SECTION F

Provision continued

| Level of funding for Special Educational Needs | |
|--|--|
| SEN notional funding £6,000 | |
| High needs block funding | |

SECTION G

| Health Provision (including provision required to assist young person, Yr9 and above, in preparation for adulthood and independent living) | By whom (and funding source, where appropriate) |
|---|---|
| | |

SECTION H1

| Social Care Provision (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, including provision required to assist young person, Yr9 and above, in preparation for adulthood and independent living) | By whom (and funding source, where appropriate) |
|--|---|
| | |

SECTION H2

| Social Care Provision (any other social care | By whom (and funding source, where |
|--|------------------------------------|
| provision reasonable required by the learning | appropriate) |
| difficulties or disabilities which result in the | |
| child/young person having SEN. Includes adult | |

| social care provision under Care Act 2014 | |
|--|--|
| including provision required to assist young | |
| person, Yr9 and above, in preparation for | |
| adulthood and independent living) | |
| | |

SECTION I

| Name of Placement | Type of Setting |
|-------------------|-----------------|
| | |
| | |

SECTION J

Personal Budget

| Provision in this plan that is eligible to be provided through a personal budget are: | | |
|---|--|--|
| Provision Personal Budget Value | | |
| Xxx | | |
| TOTAL PERSONAL BUDGET £xxx | | |

SECTION K

Appendices (list of advice and information that has informed this plan with reports/information attached)

| Name | Service | Date of advice |
|------|---------|----------------|
| | | |
| | | |
| | | |

Date

Signed

.....

Adam Yarnold Head of Special Educational Needs PO Box 734 Winchester. SO23 5DG

Glossary of Terms

| SALT | Speech and Language Therapist | EP | Educational Psychologist |
|------|----------------------------------|-----|-------------------------------|
| IEP | Individual Education Plan | EHC | Education, Health and Care |
| ОТ | Occupational Therapist | ТА | Teaching Assistant |
| СТ | Class Teacher | LST | Learning Support Teacher |
| SLA | Service Level Agreement | YOS | Youth Offending Service |
| CLA | Child Looked After | CiN | Child in Need |
| HI | Hearing Impairment | VI | Visual Impairment |