



For

Picture/Drawing or photo (optional)

This plan is co-produced by child/young person name with (family, carer etc) and the people listed in Section K. In accordance with the Children and Families Act 2014, the following statutory Education, Health & Care Plan is issued by Kent County Council and NHS Kent and Medway CCG.



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## Sections of the EHC Plan

A) The views, interests and aspirations of the child and their parents, or of the young person

B) Special educational needs (SEN)

C) Health needs which relate to their SEN (may also specify other health care needs not related to SEN).

D) Social care needs which relate to their SEN (may include social care needs not related to SEN).

E) Outcomes

F) The special educational provision

6) Health provision reasonably required by the learning difficulties or disabilities which result in SEN

H1) Social care provision for a child/young person under18 related to Section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA);

H2) Social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN

I) Placement

J) Personal Budget (including arrangements for direct payments)

K) Advice and information

Personal Details			
Last Name:		First name	
Preferred Name		DOB	
Gender:		Religion:	
Language used at Home		Preferred way of communicating (e.g. signing)	
Child Looked After?	Yes/No	If yes, to which Local Authority	
Address			
Current School or setting		National Curriculum Year	
Parent/Carer 1			
Parent/Carer contact details	Phone:	Email:	
Address (if different from above)			
Parent/Carer 2			
Parent/Carer contact details	Phone:	Email:	
Address (if different from above)			
GP Name and Contact details			



How best to support me:	How best to communicate with me: <u>Voice:</u>
Adults can help me, by providing me with :	<ul> <li>I communicate best through:</li> <li>Who listens to me, at home:</li> <li>Who listens to me; at my school, or in the setting:</li> </ul>
My Learning: How I like	e to learn:
<ul> <li>The best way for me to learn is through:</li> <li>I am working towards independence, by:</li> </ul>	

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CHILD'S NAME was able to take part in developing his Education, Health and Care Plan by contributing his wishes and aspirations with his parent and the professionals working with him.

Section A- Parent/Carer's Views:					
Our hopes for our child/young person and in the future.					
What you would like your Child / Young Person to achieve by the time they are an adult (if appropriate)?	What you would like your Child / Young Person to achieve by their next Annual Review, in a year's time?				
	*Please complete only when an Annual Review has been held.				
Background information and the family's views.					

Our views about what is working well. What needs to stay the same and what needs to change.

What is working well:

What needs to stay the same:

What needs to change:

This information was completed by:

Sections B, E and F			
SEN - Communic	ation and Interacti	on	
<u>Strengths:</u>			
Section B - Special Educational Needs:			
Section E Outcome/s:			
Section F - Special Educational Provision - to address the needs in	Who will provide this:	How Often:	How/when this will be
Section B and to achieve the outcomes in Section E (this must be specified and quantified).			reviewed:
specified and quantified).			

Sections B, E and F SEN - Cognition and Learning			
<u>Strengths:</u>			
<u>Section B - Special Educational Needs</u> :			
Section E Outcome/s:			
<u>Section F - Special Educational Provision</u> - to address the needs in Section B and to achieve the outcomes in Section E (this must be specified and quantified).	Who will provide this:	How Often:	How/when this will be reviewed:

## Sections B, E and F SEN - Social Emotional and Mental Health

<u>Strengths:</u>

Section B - Special Educational Needs:

Section E Outcome/s:				
<u>Section F - Special Educational Provision</u> - to address the needs in Section B and to achieve the outcomes in Section E (this must be specified and quantified).	Who will provide this:	How Often:	How/when this will be reviewed:	

Sections B, E and F SEN - Physical and Sensory			
<u>Strengths:</u>	-		
Section B - Special Educational Needs:			
Section E Outcome/s:			
<u>Section F - Special Educational Provision</u> - to address the needs in Section B and to achieve the outcomes in Section E (this must be specified and guantified).	Who will provide this:	<u>How Often:</u>	How/when this will be reviewed:

Sections C - Health Needs, E - O Strengths:			
Section C - Health needs related to SEN:			
Section C - Health needs unrelated to SEN:			
Section E- Outcome/s:			
Section G - Health provision reasonably required by the learning difficulties or disabilities which result in SEN	Who will provide this:	How Often:	How/when this will be reviewed:

Sections D - Social care needs, E - Outcomes Section H1 - provision required for the child/young person under 18 under Section 2 of the Chronically Sick and Disabled Person's Act 1970 (CDSPA) Section H2 - provision required by the learning difficulties or disabilities which result in SEN				
<u>Strengths:</u>				
Section D - Social Care needs related to SEN:				
Section E Outcome/s:				
Section H1 - Social Care Provision person under 18 under Section 2 of the Chronically Sick and Disabled Persons Act 1970 (CDSPA)	<u>Who will provide</u> <u>this:</u>	How Often:	How/when this will be reviewed:	
Caption 42 Capiel Care Provision reasonably required by the learning	Who will provide	How Often:	How/when this will be	
<u>Section H2 - Social Care Provision reasonably required by the learning</u> difficulties or disabilities which result in SEN	<u>Who will provide</u> this:	How Offens	reviewed:	

## **Transition Arrangements**

(This will include any forward plans for key changes in a child or young person's life, such as changing schools or moving on to adult care and/or from paediatric services to adult health or moving from further education to adulthood):monitoring progress towards outcomes, review and transition arrangements for the EHC plan and arrangements for setting and monitoring shorter term targets by the early year's provider, school, college or other education or training provider

[ Delete if under 14]

14yrs + Annual (yearly) Learning Disability Health Checks are for anyone aged 14 or over with a learning disability, who are on the GP Practice learning disability register. [Name\_] may consider requesting a health check from their GP. [Guidance: [delete before issue.] is there evidence that an annual health check has been completed? if so, it can be referred to here. Learning disabilities - Annual health checks - NHS. If as a result of the Health Check there is a Health Action Plan, check if there are any identified needs for section C and additional provision for Section G.

	Section I. Placement
Name of Placement	
Type of Placement	

Section J. Personal Budget (including arrangements for Direct payments)					
Outcome/s:					
Education:	<u>Personal Budget value</u>	How this will be Monitored and audited			
<u>Health</u> :					
<u>Social Care</u> :					

	Section K. Advice and inf	ormation used in this EHC pla	n
Appendix no.	Advice information used (attached as appendix)	Who wrote it? (Name and Position)	Date Advice & information was written.
1	Child/Young person's voice		
1	Parents - Advice and Information		
2	Educational - Advice and Information		
3.	Visual/Hearing multi-sensory impaired		
4	Health - Advice and Information		
	Educational Psychology - Advice and		
5	Information		
	Social Care/Early Help worker - Advice and		
6	Information		
	Other		

## Arrangements for monitoring and reviewing this plan:

The EHC Plan will be reviewed annually. The review meeting will take place within 10 months so that there can be completion with 12 months of the review process - to monitor the appropriateness of the provision and review the level of support required to meet needs and achieve outcomes. For children under 5, the review process may take place every 3 to 6 months.

Annual Review Meeting date:

Annual review process completion date:

Signatures:				
Kent County Council	Name: Designation	NHS Kent and Medway ( if Applicable)	Name: Designation	
	Signature Date		Signature:	

Dates on which the EHC Plan was first issued and	Date:
subsequent versions:	