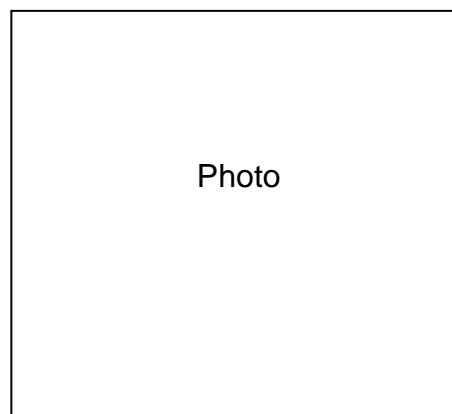


Appendix 4: My Plan

4 (a) Template for EHC plan

Education, Health and Care Plan For

NAME/SURNAME (DOB:)



Date completed: **DATE**

Planned review date:

Contents

1. My personal details
2. My relationship circle
3. My One Page profile
4. My pen picture
5. My support plan
6. My budget
7. My placement
8. Appendices
 - Appendix A All About Me document
 - Appendix B
 - Appendix C

1. My personal details

Full name			
Home address			
Postcode			
Date of birth		Religion	
Gender			
Ethnicity			
Unique Pupil Number			
NHS Number			

My parents/care givers are:

Name:	Name:
Address:	Address:
Home phone number:	Home phone number:
Mobile:	Mobile:
Email:	Email:
Parental responsibility/care authority is held by:	

2 My relationship circle

EDUCATION

School:

LEISURE/ VOLUNTARY

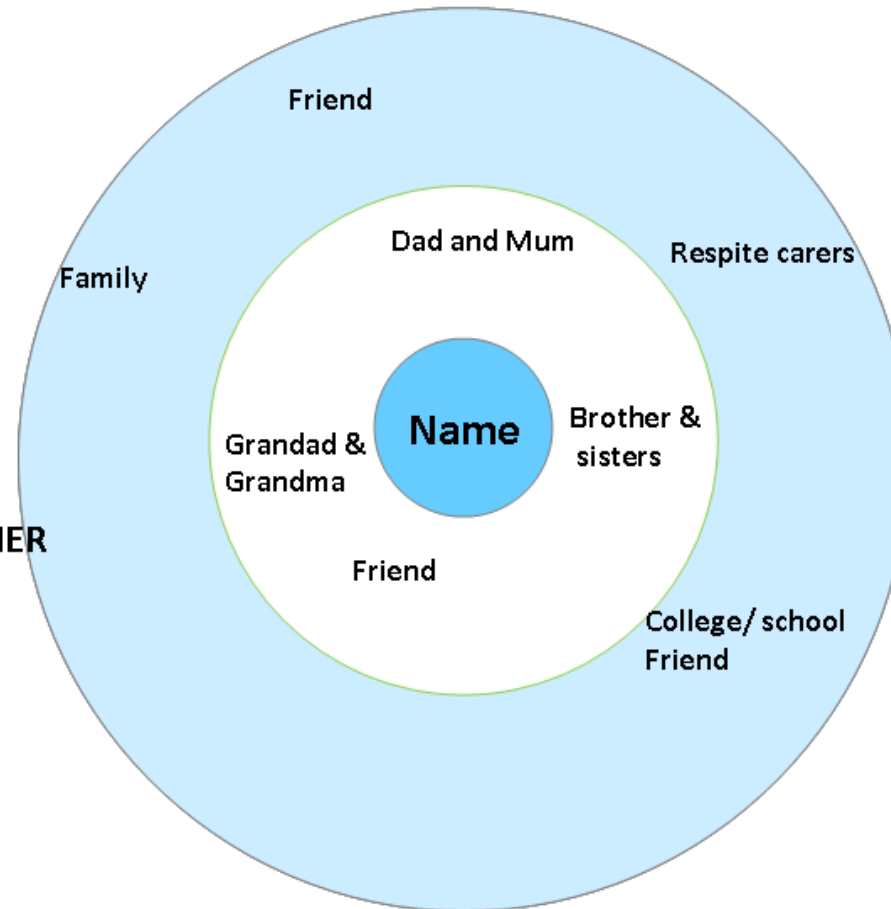
SOCIAL CARE

Children's Social Worker:

Advocate:

HOSPITAL AND OTHER HEALTH SERVICES

OTHERS



COMMUNITY HEALTH

Dentist

GP

The following people contributed by writing a report:

Child/Young Person's Name (DOB)

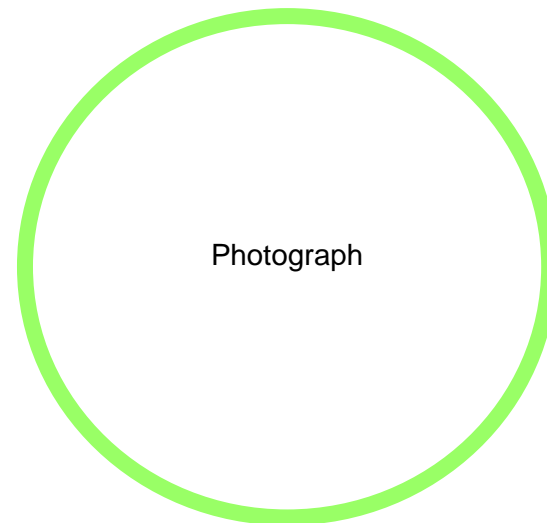
Date:

3. My One Page profile

My Name

I like to be known as

I was born on



What I am good at and proud of:

What people like and admire about me

My hobbies and interests- things I enjoy doing that are important to me

I like:

I do not like:

Good support for me:

Other things I'd like you to know about me:

4. My Pen Picture

Please provide a summary of the child/young person's needs and strengths.

5. My support plan:

Learning and Development

Outcome/Goal

Short term:

Long term:

My needs and strengths are:

What is currently in place to meet my learning needs:

What else is needed, who will provide it and by when:

What additional resources are required (detail resource and cost):

How will we know if we have succeeded:

My support plan:

Communication

Outcome/Goal

Short term:

Long term:

My needs and strengths are:

What is currently in place to meet my communication needs:

What else is needed, who will provide it and by when:

What additional resources are required (detail resource and cost):

How will we know if we have succeeded:

Child/Young Person's Name (DOB)

Date:

My support plan:

Health and Well-being (medical, physical and sensory)

Outcome/Goal

Short term:

Long term:

My needs and strengths are:

What is currently in place to meet my health and well-being needs:

What else is needed, who will provide it and by when:

What additional resources are required (detail resource and cost):

How will we know if we have succeeded:

My support plan:

Mobility (e.g. the need for: physio/OT, mobility aids/wheelchairs, independent travel training, home-school transport)

Outcome/Goal

Short term:

Long term:

My needs and strengths are:

What is currently in place to meet my health needs:

What else is needed, who will provide it and by when:

What additional resources are required (detail resource and cost):

How will we know if we have succeeded:

My support plan:

Emotional Well-being and behaviour

Outcome/Goal

Short term:

Long term:

My needs and strengths are:

What is currently in place to meet my emotional needs:

What else is needed, who will provide it and by when:

What additional resources are required (detail resource and cost):

How will we know if we have succeeded:

Child/Young Person's Name (DOB)

Date:

My support plan:

Self-Help and Independence

Outcome/Goal

Short term:

Long term:

My needs and strengths are:

What is currently in place to meet my self-help and independence needs:

What else is needed, who will provide it and by when:

What additional resources are required (detail resource and cost):

How will we know if we have succeeded:

Child/Young Person's Name (DOB)

Date:

My support plan:

Leisure and Social Experiences

Outcome/Goal

Short term:

Long term:

My needs and strengths are:

What is currently in place to meet my leisure and social needs:

What else is needed, who will provide it and by when:

What additional resources are required (detail resource and cost):

How will we know if we have succeeded:

Child/Young Person's Name (DOB)

Date:

6. My budget

Description of support	One-off cost	Annual cost
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
Total available as a personal budget	£	

Services I would like to consider as a direct payment:

7. My placement

Name of setting	
Type of setting	

I understand that the information in this Plan will be shared with relevant parties on a need to know basis.

A Duly Authorised Officer	Name Signature	Date:
---------------------------	-------------------	-------

This joint Education, Health and Care Plan (“EHC Plan”) is made in respect of the child/young person whose name and other particulars are detailed below. This plan contains the information that would previously have been included in a Statement of Special Educational Needs, although it does not follow the format of a Statement of Special Educational Needs. For so long as the EHC Plan is in force, it will fulfil the same statutory functions as a Statement of Special Educational Needs, and should be treated as such by all relevant parties, including the child/young person, his/her parents/carers, the Local Authority (LA), schools and professionals working with the child/young person.

In making and maintaining the EHC Plan Nottinghamshire County Council will ensure that no child or young person is disadvantaged in comparison to those continuing to receive a Statement of Special Educational Needs. The EHC Plan will be kept under review. If at any time prior to the implementation of the new legislation in September 2014, a parent/carer of a child/young person with an EHC Plan wishes for it to be converted into a Statement of Special Educational Needs, they can make a request in writing for the County Council to do so. The County Council will comply with that request as soon as reasonably practicable. Similarly, if prior to September 2014 the County Council determines that it is appropriate for the EHC Plan to be replaced by a Statement of Special Educational Needs, the County Council will do this. It might for example, consider doing this where a child/young person moves from Nottinghamshire to another local authority area, that is not involved in piloting the SEN reforms and has not therefore implemented EHC Plans at that stage.