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| Part 1: Who am I and what’s in my plan?1.1 Who I am |
| I like to be known as:  |
|  |
| My personal detailsMy first name: My surname: My date of birth: My address:  |
| My educationCurrent educational setting: Current year group: Next key transition point: Date of next transition:  |
| My planMain point of contact: Email address: Phone number: Date of this plan: To be reviewed by: Date of initial plan/statement:  |

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| 1.2 What’s in my plan?  |
|  | Statutory section ref. | Plan page no. | Date completed |
| **Part 1: Who I am and what’s in my plan**completed by child/young person |
| 1.1 Who I am – the front cover of my plan |  |  |  |
| 1.2 What’s in my plan – contents page |  |  |  |
| 1.3 About me – my views, interests and hopes for the future | Section A |  |  |
| **Part 2: Information gathered by me and my family**completed by child/young person and their family |
| 2.1 What my family thinks is important to and for me | Section A |  |   |
| 2.2 Relevant history  | Section A |  |   |
| 2.3 My family and significant people in my life |  |  |   |
| 2.4 Key information for looked after children / young people |  |  |   |
| **Part 3: Information about my special educational needs**gathered and updated by the educational setting |
| 3.1 Special educational needs (SEN) | Section B |  |   |
| 3.2 Educational attainment and progress | Section B |  |   |
| 3.3 Special educational provision | Section F |  |   |
| 3.4 Education and learning history |  |  |   |
| **Part 4: Information about health and social care needs related to by special educational needs**provided by health and social care professional |
| 4.1 Health needs | Section C |  |   |
| 4.2 Health provision | Section G |  |   |
| 4.3 Social care needs | Section D |  |   |
| 4.4 Statutory social care provision | Section H1 |  |   |
| 4.5 Additional social care provision | Section H2 |  |   |
| **Part 5: Information shared and agreed at my meeting**completed/finalised by educational setting after review meeting |
| 5.1 My review contribution | Section A |  |   |
| 5.2 My family’s review contribution | Section A |  |   |
| 5.3 Contributions from people who support me | Section K |  |   |
| 5.4 Views shared at my meeting |  |  |   |
| 5.5 Agreed outcomes | Section E |  |   |
| 5.6 Agreed actions |  |  |   |
| 5.7 Review record |  |  |   |
| **Part 6: Relevant advice and information that supports my plan**provided by advice-givers and quality assured by the local authority |
| 6.1 Advice gathered during EHC needs assessment | Section K |  |   |
| 6.2 Additional information |  |  |   |
| **Part 7: Provision agreed by the Education, Health and Care Plan**completed and agreed by EHC panels |  |  |  |
| 7.1 Named educational setting | Section I |  |   |
| 7.2 Personal budget | Section J |  |   |
| 7.3 Agreements |  |  |   |

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| 1.3 About me – my views, interests and hopes for the futureContributes to Statutory Section A |
| This section completed/updated on:  |
| Have you filled in this section independently? Yes/NoIf NO, who has supported this contribution?Name:Relationship/role:How has this contribution been supported? |
| What I’m good at, interested in and enjoy: |
| What’s important to me in the future – my longer term hopes and dreams: |
| Important information you need to know about me: |
| What helps me to communicate, and make my own choices and decisions: |
| What helps me to learn, be independent, play, enjoy my leisure time, spend time with friends and keep healthy? |

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| Part 2: Information gathered by me and my family2.1 What my family thinks is important to and for meContributes to Statutory Section A |
| This section completed/updated on:  |
| Contributed by:  |
| What our child is good at, interested in and enjoys: |
| What’s important for our child in the future – our longer term hopes and dreams: |
| Important information you need to know about our child: |
| How to support our child to communicate, make choices and be involved in decision making: |
| What helps our child to learn, be independent, play, enjoy leisure time, spend time with friends and keep healthy? |
| Additional information: |

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| 2.2 Relevant history Contributes to Statutory Section A |
| This section completed/updated on:  |
| Contributed by:  |
| Relevant history:  |

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| 2.3 My family and significant people in my life |
| This section completed/updated on:  |
| **Parent contact details 1** |
| Relationship: First name: Surname: Address: Telephone 1: Telephone 2:Email: How do you wish to receive information? Email / Letter |
| **Parent contact details 2** |
| Relationship: First name: Surname: Address: Telephone 1: Telephone 2:Email: How do you wish to receive information? Email / Letter |
| **Who our child lives with** |
| **Name** | **Relationship** | **Additional information** |
|  |  |  |
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|  |  |  |
| **Other people you need to know about** |
| **Name** | **Relationship** | **Additional information** |
|  |  |  |
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| **People who can provide support and information** |
| **Name and role** | **Information/supportthey can provide** | **Contact detailsEmail/address and phone** |
| GP | Information and advice about primary health care |  |
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| 2.4 Key information for looked after children/young people |
| This section completed/updated on:  |
| Is the child/young person Looked After (by the local authority)? Yes/No |
| Named social worker: Legal status: Voluntary agreement with parents (part 20)(Delete as applicable) Interim care order (part 38) Full care order (part 31) Emergency protection order (part 44) |
| Name of person with legal responsibility: Who should educational reports be sent to? Who should day-to-day information be sent to? Who will attend education meetings? Who will give permission for school trips/work experience? Are there any special home–school transport arrangements? Who will fund school trips, etc? Are there any other important issues regarding care? Who should school contact in an emergency?  |
| Care placements | Length of stay | Date from | Date to |
|  |  |  |  |

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| Part 3: Information about my special educational needs3.1 Special educational needsContributes to Statutory Section B |
| This section completed/updated on: |
| Broad areas of need identified through the coordinated assessment:Communication and interaction Yes/NoCognition and learning Yes/NoSocial, emotional and mental health difficulties Yes/NoSensory and/or physical needs Yes/No |
| Description of special educational needs and disabilities (SEND) on school census or ILR: *(please identify one primary need and one secondary need)*Specific Learning Difficulty Primary Need / Secondary Need Moderate Learning Difficulty Primary Need / Secondary Need Severe Learning Difficulty Primary Need / Secondary Need Profound and Multiple Learning Difficulty Primary Need / Secondary NeedSocial, Emotional and Mental Health Primary Need / Secondary NeedSpeech. Language and Communication Need Primary Need / Secondary NeedHearing Impairment Primary Need / Secondary Need Visual Impairment Primary Need / Secondary NeedMulti-Sensory Impairment Primary Need / Secondary NeedPhysical Disability Primary Need / Secondary Need Autism (including Aspergers Syndrome) Primary Need / Secondary Need Other Difficulty / Disability Primary Need / Secondary Need  |
| Details of any specific diagnosis, and who has made this diagnosis: |
| Relevant descriptors from City of York SEN Banding documents: |
| Specific identified need | Brief details of strength and needs |
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| 3.2 Educational attainment and progressContributes to Statutory Section B |
| This section completed/updated on:  |
| **Current educational attainment and evidence of educational progress** |
| Where screenshots or records are inserted here, ensure all information is clearly referenced by source and date. A sentence explaining what the inserted data shows, in regards to expected levels and expected progress, must also be included: |

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| 3.3 Special educational provisionStatutory Section F |
| This section completed/updated on:  |
| Provision is funded within CYC SEN banding threshold:  |
| **Special educational provision** |
| Strategies and key approaches | Specific identifiedneeds this supports |
| *
 |   |
| Equipment and resources | Specific identifiedneeds this supports |
| *
 |   |
| Weekly timetable to support provision for academic year: *(please add date)* |
|      |
| Does the school receive pupil premium funding for the child/young person? Yes/NoIf YES, how is the pupil premium being used to support the child/young person’s learning?  |

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| 3.4 My education and learning history |
| This section completed/updated on:  |
| Educational settings/schools attended (including current provision) | Date from | Date to |
|   |   |   |
|  |  |  |
| **Attendance** |
| Academic year | Attendance percentage |
|   |   |
|  |  |
| **Exclusion** |
| Type of exclusion | Date effective | Duration (if fixed-term) |
|   |   |   |
| **Work experience and work related learning undertaken**Relevant for Year 9 students and above. You can additionally note in the first column where placements were particularly successful, or if a student found that this type of work was not suited to them |
| What | Where | Date from | Date to |
|   |   |   |   |
| **Link courses attended**Relevant for Year 9 students and above. |
| What | Where | Date from | Date to |
|   |   |   |   |

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| Part 4: Information about health and social care needs related to by special educational needs4.1 Health needsStatutory Section C |
| This section completed/updated on:  |
| *Insert relevant section here* |

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| 4.2 Health provisionStatutory Section G |
| This section completed/updated on:  |
| *Insert relevant section here* |

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| 4.3 Social care needsStatutory Section D |
| This section completed/updated on:  |
|  *Insert relevant section here* |

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| 4.4 Statutory social care provisionStatutory Section H1 |
| This section completed/updated on:  |
|  *Insert relevant section here* |

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| 4.5 Additional social care provisionStatutory Section H2 |
| This section completed/updated on:  |
|  *Insert relevant section here* |

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| Part 5: Information shared and agreed at my meeting5.1 My review contributionContributes to Statutory Section A |
| This section completed/updated on:  |
| Have you filled in this section independently? Yes/NoIf NO, who has supported this contribution?Name: Relationship/role: How has this contribution been supported?  |
| What have been the highlights in the last year?  |
| What do you want to be able to do in the next 3–5 years?  |
| What support is working well for you? |
| What would you like to do, learn or achieve in the next year?  |
| Thinking about what you want to do, what would help you? This could be activities, equipment, adult support or the way people work with you. |
| Is there anything else you would like to say?  |

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| 5.2 My family’s review contributionContributes to Statutory Section A |
| This section completed/updated on:  |
| Contributed by:  |
| What have been the highlights in the last year?  |
| What do you want for your child in the next 3–5 years? Are the long term goals/outcomes in the plan still appropriate? |
| What support is working well? |
| Planning short term outcomes for the coming year - are there specific things you would you like your child to do, learn or achieve? |
| Is there anything that you would like to be added or changed in your child’s plan to help meet their needs? This could be activities, equipment, adult support or the way people work with your child. |
| Is there anything else you would like to say?  |

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| 5.3 Contributions from people who support meContributes to statutory section K |
| This section completed/updated on:  |
| Views contributed by: Role: |
| Date of contribution:  |
| What have been the highlights in the last year?  |
| What’s important in the next 3–5 years? Are the long term goals/outcomes still appropriate? |
| What support is working well? |
| Planning short term outcomes for the coming year - are there specific things you would you like the child/young person to do, learn or achieve? |
| Is there anything that you would like to be added or changed in the child/young person’s plan to help meet their identified needs? E.g. specific provision, strategies, approaches, resources and activities. |
| Is there anything else you would like to say?  |

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| 5.4 Views shared at my meetingStatutory section E |
| This section completed/updated on:  |
| What have been the highlights in the last year?  |
| At the last review, this is what we planned for the child/young person to do or learn:  | How did the child/young person get on and did it make a difference?  |
| Actions agreed at last review:  | Were the actions completed and effective?  |
| What’s important in the next 3 to 5 years? Are these priorities reflected in the long term goals/outcomes?  |
| What support/provision is working well?  |
| Are there plans in place to support independent travel?  |
| What does everyone want the child/young person to do learn or achieve in the coming year? |
| What specific provision needs to continue, changed or be put in place to support identified outcomes?  |
| Other matters discussed:  |

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| 5.5 Agreed outcomesStatutory section E |
| This section completed/updated on:  |
| **Need 1:**  |
| **Long Term Goal:** |
| **Outcomes for this year:**What am I going to do or learn to achieve my outcomes | **By when will I achieve my outcomes?** | **What support / provision will help me achieve my outcomes?** | **What difference will my outcomes make to me?** |
|  |  | * Strategies / Key Approaches:
* Timetabled Sessions:
* Resources needed: (including staffing)
 |  |
|  |  | * Strategies / Key Approaches:
* Timetabled Sessions:
* Resources needed: (including staffing)
 |  |
| Who will support me to achieve these outcomes and monitor my progress towards achieving them: |
| **Need 2:**  |
| **Long Term Goal:** |
| **Outcomes for this year:**What am I going to do or learn to achieve my outcomes | **By when will I achieve my outcomes?** | **What support / provision will help me achieve my outcomes?** | **What difference will my outcomes make to me?** |
|  |  | * Strategies / Key Approaches:
* Timetabled Sessions:
* Resources needed: (including staffing)
 |  |
|  |  | * Strategies / Key Approaches:
* Timetabled Sessions:
* Resources needed: (including staffing)
 |  |
| Who will support me to achieve these outcomes and monitor my progress towards achieving them: |
| **Need 3:**  |
| **Long Term Goal:** |
| **Outcomes for this year:**What am I going to do or learn to achieve my outcomes | **By when will I achieve my outcomes?** | **What support / provision will help me achieve my outcomes?** | **What difference will my outcomes make to me?** |
|  |  | * Strategies / Key Approaches:
* Timetabled Sessions:
* Resources needed: (including staffing)
 |  |
|  |  | * Strategies / Key Approaches:
* Timetabled Sessions:
* Resources needed: (including staffing)
 |  |
| Who will support me to achieve these outcomes and monitor my progress towards achieving them: |
| **Need 4:**  |
| **Long Term Goal:** |
| **Outcomes for this year:**What am I going to do or learn to achieve my outcomes | **By when will I achieve my outcomes?** | **What support / provision will help me achieve my outcomes?** | **What difference will my outcomes make to me?** |
|  |  | * Strategies / Key Approaches:
* Timetabled Sessions:
* Resources needed: (including staffing)
 |  |
|  |  | * Strategies / Key Approaches:
* Timetabled Sessions:
* Resources needed: (including staffing)
 |  |
| Who will support me to achieve these outcomes and monitor my progress towards achieving them: |
| **Need 5:**  |
| **Long Term Goal:** |
| **Outcomes for this year:**What am I going to do or learn to achieve my outcomes | **By when will I achieve my outcomes?** | **What support / provision will help me achieve my outcomes?** | **What difference will my outcomes make to me?** |
|  |  | * Strategies / Key Approaches:
* Timetabled Sessions:
* Resources needed: (including staffing)
 |  |
|  |  | * Strategies / Key Approaches:
* Timetabled Sessions:
* Resources needed: (including staffing)
 |  |
| Who will support me to achieve these outcomes and monitor my progress towards achieving them: |
| **Need 6:**  |
| **Long Term Goal:** |
| **Outcomes for this year:**What am I going to do or learn to achieve my outcomes | **By when will I achieve my outcomes?** | **What support / provision will help me achieve my outcomes?** | **What difference will my outcomes make to me?** |
|  |  | * Strategies / Key Approaches:
* Timetabled Sessions:
* Resources needed: (including staffing)
 |  |
|  |  | * Strategies / Key Approaches:
* Timetabled Sessions:
* Resources needed: (including staffing)
 |  |
| Who will support me to achieve these outcomes and monitor my progress towards achieving them: |

|  |
| --- |
| 5.6 Agreed actions |
| This section completed/updated on:  |
| Who? | What will they do? | When? | How will things improve things for me or my family? |
|   |   |   |   |
|   |   |   |   |
|  |  |  |  |

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| 5.7 Review record |
| Review meeting date: Type of meeting: TRANSFER to EHCP INTERIM REVIEW ANNUAL REVIEW delete as applicable |
| During this meeting, we reviewed:Education Yes/NoShort breaks provision (<100 hours per year) Yes/NoCare plan (LAC) Yes/NoPEP Yes/NoChild in Need plan Yes/NoAdult social care plan Yes/No |
| Meeting chaired by: Role:  |
| Who was invited to the review? | Role | Attended | How have they contributed? |
|   | Child/young person | Yes/Apologies |   |
|   | Parent(s) | Yes/Apologies |   |
|   |   | Yes/Apologies |   |
| Following this meeting, a request is made for the Education, Health and Care Plan to be:Maintained with the resource allocations at the same levelMaintained with a request for an increase in resource allocationMaintained with a request for change of provisionMaintained with a reduction in resource allocationFirst Education, Health and Care PlanNo longer maintainedDelete as applicable |
| Specific information or evidence for changes to resource allocation:It is very important that the reasons for any changes to resource allocation or provision are clearly documented. Information can be included here, or if it is already contained elsewhere in the plan (eg in part 5.1 or part 7.2 appendices) you can reference that information here.  |

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| Part 6: Relevant advice and information that supports my plan6.1 Advice gathered during Education, Health and Care needs assessmentStatutory section K |
| This section completed/updated on:  |
| Date of EHC Needs Assessment *(please see definition in guidance)*: |
| Ref. Advice from | Name | Contribution | Date |
| K1 Child/young person |   | See Part 1 |   |
| K2 Parent/carer(s) |   | See Part 2 |   |
| K3 Specialist VI/HI teacher(if appropriate) |   |   |   |
| K4 Educational setting |   |  See Part 3 |   |
| 1. Health care professional
 |   |   |   |
| K6 Educational psychologist |   |   |   |
| K7 Specialist Teacher |  |  |  |
| K8 LA social worker |   |   |   |
| K9 Connexions (Y9 onwards) |   |   |   |
| K10a Other advice requested by the parent/young person |   |   |   |
| K11a Other advice requested by the local authority |   |   |   |
| 6.2 Additional advice and information |
| This section completed/updated on:  |
| Document title | Written/provided by | Where is this document held? | Date |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

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| Part 7: Provision agreed by the Education, Health and Care Panel7.1 Named educational settingStatutory section I |
| This section completed/updated on:  |
| Named educational setting(s) that delivers teaching and learning: Name of lead education institution that funds programme/pathway (if different from above): Type of educational setting: Element 3 high needs funding band: Equipment funded/provided by the local authority:  |

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| 7.2 Personal budgetStatutory section J |
| This section completed/updated on:  |
| Is the educational provision supported through a personal budget? *Yes/No* |
| Funding source | Specific provision | Cost | Total | Payment |
|   |   |   |   |   |
| Budget total: |   |  |
| Is the health provision supported through a personal budget? *Yes/No* |
| Funding source | Specific provision | Cost | Total | Payment |
|   |   |   |   |   |
| Budget total: |   |  |
| Is the social care provision supported through a personal budget? *Yes/No* |
| Funding source | Specific provision | Cost | Total | Payment |
|   |   |   |   |   |
| Budget total: |   |  |
| Arrangements for review and monitoring personal budget |
| Who | What | How | When |
|   |   |   |   |

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| 7.3 Agreements |
| **Child/young person agreement**I understand that the information in this plan will be shared with people who support me on a need to know basis. By signing this plan I accept the contents as accurate and appropriate. |
| Name | Signature | Date |
|  |  |  |
| **Family agreement**I/we understand that the information in this plan will be shared with people who provide support to my/our child on a need to know basis. By signing this plan I/we accept the contents as accurate and appropriate. |
| Name(s) | Signature(s) | Date |
|  |  |  |
| **Education, Health and Care Panel Agreement**The provision/resources described in this plan have been agreed by the CYC EHC Panel. |
| Name | Signature | Date |
|  |  |  |