

<p>Insert Child/Young Person's Photograph</p>
---

# **(Name)'s Education, Health & Care Plan**

## **Section I**

<b>Date of Final EHC plan:</b>			
<b>Signature On Behalf of Cambridgeshire Children Families and Adults Services:</b>			
<b>My Review Date:</b>		<b>My Plan Number:</b>	

## **Education Placement**

*This section should be left blank on a draft plan, it should only be completed when finalising the plan*

<b>Name of Setting/School/College</b>	
<b>Type of Setting/School/College</b>	

## Section A - ALL ABOUT ME

Views, interests and aspirations of the child or young person

### My Personal Details

Surname:		Forename(s):	
Home Address:			
Date of Birth:		Gender:	
		Religion:	
Ethnicity:		Home Language:	
NHS No:		NI No:	

### My Parent/Carer Information

Surname:		Forename:	
Home Address:			
Tel No:		Relationship to child:	
Surname:		Forename:	
Home Address:			
Tel No:		Relationship to child:	

**My Views, interests, hopes and dreams (to be completed by the child/young person)**

About Me
----------

<b>What I am good at</b>
<b>What Is important to me</b>
<b>What I like to do and what I want to do in the future</b>
<b>People Important to me</b>

**My Parent/Carer's views, hopes and dreams for me (to be completed by the parent/carer)**

**This might include: education, play, social activities, health, friendships, sixth form, further education, independent living, university and employment, family/carers' needs in supporting the child/young person**

--

## Section B

In this section all of the child/young person's special educational needs **must** be specified as described in the SEND Code of Practice.

### (First Name)'s Special Educational Needs

<b>Cognition and Learning</b>	
<b>Social, Emotional and Mental Health</b>	
<b>Sensory and/or Physical Needs</b>	
<b>Communication and Interaction</b>	

## Section C

*This section sets out the health care needs that have been identified for (First Name) in relation to their SEN.*

### **(First Name)'s Health Needs**

## Section D

*This section sets out the social care needs that have been identified for (First Name) in relation to their SEN.*

### **(First Name)'s Social Care Needs**

## Section E & F: Outcomes & Education Provision Required for (First Name)

*This section sets out the outcomes and education provision that have been identified for (First Name)*

Outcomes Sought	Timescales to achieve

What support do I need to achieve these outcomes?	Who is going to provide the support?	How often is the support going to be provided, when will it be reviewed and who will review it?

## Section G: Health Provision Required for (First Name)

*This section sets out any health provision reasonably required by the learning difficulties or disabilities which would result in the child/young person having SEN.*

What health support do I need to achieve my outcomes?	Who is going to provide the support?	How often is it going to be provided?

## Section H1 & H2: Social Care Provision Required for (First Name)

*This section sets out any social care provision reasonably required by the learning difficulties or disabilities which would result in the child/young person having SEN and/or any provision which **must** be made resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970.*

What social care support do I need to achieve my outcomes?	Who is going to provide the support?	How often is it going to be provided?

## Section J:

### Education, Health & Care Plan Resource Sheet

The following tables detail how the resources will be used to secure the provision in the plan.

<b>EDUCATION</b>			
<b>Education Support Arrangements Set Out in Sections E and F</b>		<b>Allocation</b>	<b>Date of Agreement</b>
<b>Personal Budget</b>		<b>Allocation</b>	<b>Date of Agreement</b>
If yes, how will the personal budget be deployed	<b>Total</b>	£	

<b>HEALTH</b>			
<b>Health Support Arrangements Set Out in Section G</b>		<b>Allocation</b>	<b>Date of Agreement</b>
<b>Personal Budget</b>		<b>Allocation</b>	<b>Date of Agreement</b>
If yes, how will the personal budget be deployed	<b>Total</b>	£	

<b>SOCIAL CARE</b>			
<b>Social Care Support Arrangements Set Out in Sections H1 and H2</b>		<b>Allocation</b>	<b>Date of Agreement</b>
<b>Personal Budget</b>		<b>Allocation</b>	<b>Date of Agreement</b>
If yes, how will the personal budget be deployed	<b>Total</b>	£	



**Section K:**  
**Advice and Information Gathered**

<b>Professionals Involved in Preparing My Plan</b>			
<b>Name:</b>	<b>Type of report:</b>	<b>Purpose</b>	<b>Date of report:</b>
Child/Young Person's Full Name	One Page Profile	EHC Assessment	

*My Name*

*Would you like to put a  
photograph or picture of  
yourself here?*

*How best to support me.....*

*Add Here*

*What people like and admire about me .....*

*Add Here*

*What's important to me .....*

*Add Here*