

My Education, Health and Care Plan

Name of Child

There maybe a picture of the child or young person or something they like or identify with.

This document has been designed to advise you of what information is required in each section of the EHCP.

Date of Final EHC plan:		This should be the date of the last Annual Review. This is when the LA completed the AR by stipulating whether they were going to Amend, Cease or Maintain the EHCP, not the date the amended plan was issued as final.	
My EHC plan review date:	This must be within 12 months of the above date.	EHC plan number:	

General information

My Personal Details			
Surname:		First Name(s):	
Preferred Name:		Date of birth:	
Ethnicity:		Religion:	
Gender:		Care Status:	
Responsible Local Authority:			
Home Address:			
Telephone:		ICS No:	
		UPN:	
Email:		NHS No:	
		NI No (if applicable):	
Parent/Carer information			
Title:		First Name:	
Surname:		Parental Responsibility?	
Home Address:			
Telephone/mobile:			
Email:			
Title:		First Name:	
Surname:		Parental Responsibility?	
Home Address:			
Telephone/mobile:			
Email:			

Current setting	
Name of current setting (early years/ school/ college/ work):	
Name and role of main contact in current setting:	

People involved in preparing my Education, Health and Care Plan		
Name:	Role:	Contact:

Section A

ALL ABOUT ME

This is the parental or young person's section, where they can write anything they feel any settings should know about the child or young person. There is no size limit and the questions below are suggestions for what should be in the plan. It is also a good idea to think about what the child likes and dislikes. What would motivate the child? What would trigger a meltdown or anxiety in the child? Is there anything in their history that people should be aware of, traumatic experiences or their journey to diagnosis (if they have one)?

Section 9.69 (A) of the SEND Code of Practice January 2015 states what information this section should include:

- Details about the child or young person's aspirations and goals for the future (but not details of outcomes to be achieved – see section above on outcomes for guidance). When agreeing the aspirations, consideration should be given to the child or young person's aspirations for paid employment, independent living and community participation
 - Details about play, health, schooling, independence, friendships, further education and future plans including employment (where practical)
 - A summary of how to communicate with the child or young person and engage them in decision-making.
 - The child or young person's history
 - If written in the first person, the plan should make clear whether the child or young person is being quoted directly, or if the views of parents or professionals are being represented
- **My story (for example details about play, health, schooling, independence, friendship, aspirations for further education and future plans including employment)**
 - **My views, hopes and goals for the future**
 - **My parents/carers' hopes and aspirations for me for the future**
 - **How to communicate with me and involve me in decisions**

The important people in my life; family, friends, favourite people (even pets)	
Name:	Relationship:

Section B

Identified Needs – Please describe the needs that have been identified within the advices provided during the assessment process / following the Annual Review of the Education, Health and Care Plan in the following areas.

Special Educational Needs

This section must detail ALL the Special Educational Needs of the child or young person. The information required in this section are detailed in the SEND Code of Practice January 2015 Section 9.69 (B). This states:

- All of the child or young person's identified special educational needs **must** be specified.
- SEN may include needs for health and social care provision that are treated as special educational provision because they educate or train the child or young person.

This means that this section must detail ALL the child's identified needs, i.e. what they need assistance and support with. What are they struggling with? Although it can seem negative to only focus on what they need help with, this section is designed to show what the child struggles with and therefore give an indication of what areas need interventions. There should then be a corresponding provision to support each need in Section F.

This should not be a summary or an overview. It says that the needs must be SPECIFIED, not just mentioned. If the needs are not specific, then you can't say what provision will be required to meet that need.

There is no limit to the length of this section either. It should be long enough to include all the child or young person's needs. Also be aware that all needs detailed in reports must be included, it is not enough for the reports to be appended, the needs must be detailed in Section B or they will not be legally binding.

Most plans break this section down into the Broad Areas of Need as detailed in the SEND Code of Practice Sections 6.28-6.35, plus the added area of Self Help and Independence. Each section may then be broken down into Strengths and Needs. Be wary of needs being written as strengths as this would indicate that no provision is required. If they have detailed a 'relative' area of strength for the child or young person but not indicated that it is still not age appropriate, then no provision will be provided for that need in Section F. For example, if you have a 10-year-old child and it says "X can understand two keyword sentences" in strengths, it removes the needs to support the child to understand an age appropriate number of keywords.

Most LAs will only agree to write in what is detailed in the professional reports, but this is not a legal requirement. If professionals verbally agree a need then this can be included. Be mindful of the "Parents report..." terminology. This could imply the that need is not really relevant. Also be aware that a lot of children will present differently at home and at school/nursery/college. The plan should detail both presentations if they differ. For example, a lot of children will mask their sensory and emotional difficulties while at school and then 'explode' when they get home. Just

because school may not see the behaviours, it is still important for these to be documented so the child can learn to manage their anxiety and sensory needs throughout the day.

Think about the elements of their condition(s) that may cause problems, eg

- Inflexible
- Literal
- Difficulty with change
- Follows their own agenda, prefers adult-led tasks
- Controlling
- Difficulty understanding a task, following a task, completing it
- Understanding social cues, following the rules of the classroom.

Communication and interaction

This section should cover the Communication needs of the child. Do they use different methods of communication such as PECS, Makaton, or other visuals?

Their Receptive and Expressive language levels should be included in this section, so it is clear to see if they are age appropriate. These could be from an IAELD, EYFS or Speech and Language Frameworks. The Speech and Language information is key to this section but any report that details their communication issues can be used.

There should also be details of what their interactions are like with other children and adults. Do they need help understanding the social rules of society and in what way do they need to be supported to make friendships and stay safe? Do they struggle with Social Communication and Social Interactions?

Strengths

The strengths are not required by law and are ignored by the Tribunal.

Needs

Take the information from the reports of the professionals. If they are not specific or detailed enough then ask the professional to update the report. These are some questions that may help you ensure you are including all the needs.

- Does your child have/did they have a speech delay?
- Do they have difficulty expressing themselves verbally, do they mix their words up, use words correctly, do they have limited vocab, or have a big vocab but use it incorrectly?
- Do they sound very scripted and just seem to be echoing what they have heard without really understanding what they are saying?
- Do they use visuals, Makaton, BSL, SSE, PECS or any other forms of communication to communicate?
- Any difficulty understanding what others say? Do they need time to process verbal information? Do instructions and questions need to be broken down and issued one at a

time in order for them to process and remember them? Do they need visual support to help them understand?

- Do they interact with their peers? Do they understand the rules of society? Are they blunt and have no filter? Do they interact appropriately with adults?
- Do they struggle to initiate a friendship, maintaining/repairing a friendship?
- Do they understand the rules of friendships? Are they overfriendly and do they tend to get obsessed with people and try to force friendships on people?
- Taking turns in games/work, waiting for their turn.
- Do they have playdates with other children? Are they excluded from parties?

Cognition and learning

This section should look at the barriers they face to learning. Do they have specific learning difficulties or maybe they lack the ability to concentrate?

Any cognitive assessment levels should be detailed here and information from the Educational psychologist is key to this section. Reading and literature levels should be recorded here along with any Math levels or other levels recorded.

Strengths

The strengths are not required by law and are ignored by the Tribunal.

Needs

Take the information from the reports of the professionals. If they are not specific or detailed enough then ask the professional to update the report. These are some questions that may help you ensure you are including all the needs.

- Do they struggle to work together in a group, following teacher instructions, remembering a list of instructions, needing things broken down into small chunks in simple language?
- What are their difficulties with reading, ie are they behind their peers, do they have difficulty understanding?
- Do you have any idea generally about how far behind they are in relation to their peers, in other subjects?
- Writing – do they have physical difficulty eg holding pencil properly, writing legibly, or with writing their ideas, or all these?
- What is their attention span like? Are they easily distracted and need to be brought back onto task regularly?
- Do they need regular movement breaks, or do they need to be able to fiddle or fidget?
- What are their listening skills like? Do they respond to their name?

Social, Emotional and Mental Health

This should detail all the child or young person's emotional issues including any anxieties or challenging behaviours. Children may become isolated or withdrawn or display challenging or

disruptive behaviours. All behaviour is communication and details about what the behaviours is trying to communicate needs to be detailed in this section.

Strengths

The strengths are not required by law and are ignored by the Tribunal.

Needs

Take the information from the reports of the professionals. If they are not specific or detailed enough then ask the professional to update the report. These are some questions that may help you ensure you are including all the needs.

- Do they have depression? Are they self-harming? Are they under CAMHS?
- Do they experience anxiety? Are they school refusing/experiencing Emotional Based School Avoidance (EBSA)? Do they hate the school environment?
- Do they mask their issues at school and then meltdown when they get home?
- Social skills – playing with other children, or alongside them, or on their own?
- Are they socially/emotionally vulnerable, easily manipulated? Easily teased or picked on?
- Any difficulties in the playground? Do they end up controlling the play? Do they have a strong sense of justice and keep ‘tattling’ on their friends?
- Understanding others, eg that they have their own feelings and thoughts
- Not understanding the impact of their words/behaviour/actions on others
- Do they get frustrated, upset, anxious? If so, are there specific triggers for this? Does it happen at similar times of the day every day?
- Emotional regulation – understanding their own feelings and not being able to express them appropriately, in acceptable ways
- Do they respond to small trivial upsets in the same way as larger triggers? Is there a set behavioural response to upset regardless of the cause?
- Are they able to accept praise and compliments or do they find this difficult? Do you have to use indirect praise or other methods to raise their self-esteem?
- What kind of things make them anxious – could be lots of things, eg too much sensory input (noise, movement, smell etc), too much language, not understanding, something changes, feeling unsafe...
- Are they vulnerable in their environment, eg lacks a sense of danger, understanding of stranger danger, road safety etc

Sensory and/or physical needs

Any physical needs must be detailed in this section. Are they a wheelchair user? Do they have invisible physical needs such as chronic pain? Physio and Occupational Therapists may have significant input into this section.

A number of children will display sensory issues, including visual or hearing impairments. Children with Autism or Sensory Processing Difficulties may also struggle with environmental factors that need to be detailed in this section.

Strengths

The strengths are not required by law and are ignored by the Tribunal.

Needs

Take the information from the reports of the professionals. If they are not specific or detailed enough, then ask the professional to update the report. These are some questions that may help you ensure you are including all the needs.

- Any physical issues with both fine and gross motor skills? Do they struggle to use cutlery or pens appropriately? Can they jump and ride a bike and other age appropriate activities?
- Any medical conditions that can manifest physically like Hypermobility, EDS, epilepsy, diabetes, Microcephaly, Down Syndrome, Cerebral Palsy.
- Do they require the use of walkers or wheelchairs?
- Food Issues
 - How do they eat? Do they use cutlery or eat with their hands? Do they have special plates that they will only eat off?
 - Do they overstuff? Do they hoard food? Does their food need cutting into small pieces? Do they need to be encouraged or reminded to take small bites, chew, swallow? Do they have a sense of when they are full?
 - Do they fidget at the table? Do they mess around? Do they have to get up and leave? Do they need to eat in a separate room?
 - Do you have to persuade them to start or carry on eating? Do they take a particularly long time to eat? Do they bolt their food down?
 - Do they make a lot of mess that needs cleaning up afterwards?
 - Do they have a special diet that needs specific preparation? Are they brand specific? Do you have to shop around to ensure you have favourites in stock? Do they have a restricted diet due to sensory issues?
 - What happens if you introduce new foods?
 - Do they drink too much? Not enough?
- Sensory difficulties – are they over or under sensitive, if so, what to?
- What would trigger them? What senses do they struggle with?
 - Vision (bright lights, do they seek dark, small spaces?)
 - Hearing (are they sensitive to crowds? Loud noises? Certain pitches of sounds?)
 - Taste (Are they picky eaters? Do they tend to favour certain textures? Can the food touch other food or do they need to be separated?)
 - Smell (are they sensitive to certain smells, air fresheners, bleach etc. Do they appear to sniff people, especially if they are strangers?)
 - Touch (Do they hate certain fabrics and clothing? Do they hate being touched? Do they like big, deep pressure hugs?)
 - Proprioceptive Issues (muscles and body awareness) (Are they moving constantly? Do they appear to be very clumsy and uncoordinated? Do they slam doors or apply too much pressure when writing, or not enough?)

- Interoceptive Issues (awareness of internal bodily functions) (Do they know when they are hungry or thirsty? Do they know when they are full? Can they feel their heart beat? Are they aware when they hurt themselves? Do they register pain appropriately?)
- Vestibular Issues (Awareness of self in space, this works very closely with the proprioceptive system) (Do they appear to be dizzy and all over the place. If they fell into a swimming pool would they know which way was up?)
- What behaviours do these over or under registrations produce?

Self-help and independence (preparing for adulthood)

This section looks at how independent the child or young person is able to be. All children and young people can have a level of independence in their lives and this section should highlight the level they are currently working at.

This section should include details about their self-care skills including their toileting and dressing and undressing needs. Can they feed themselves and generally take care of themselves?

Strengths

The strengths are not required by law and are ignored by the Tribunal.

Needs

Take the information from the reports of the professionals. If they are not specific or detailed enough then ask the professional to update the report. These are some questions that may help you ensure you are including all the needs.

- Is the child toilet trained or still in nappies?
- Do they need assistance with dressing and undressing?
- Do they need someone to help feed them or are they tube feed?
- Can they use cutlery age appropriately?
- Do they need assistance with washing and personal cleanliness, including prompting to use shower gel or flannels?
- Can they manage money?
- Can they organise their own lives and maintain their social diary or timetable?
- Can they travel safely on their own or do they need to be escorted?
- Do they have any road safety awareness or stranger danger?

A summary of Special Educational Needs

- This should summarise the main areas of need and often links to the outcomes in Section E.

Section C

Health Needs

This section must detail the child or young person's Health needs which are related to their SEN. This usually includes any diagnoses or areas of needs that are being supported by NHS services.

Section 9.69 (C) of the SEND Code of Practice January 2015 states:

- The EHC plan **must** specify and health needs identified through the EHC needs assessment which relate to the child or young person's SEN. Some health care needs, such as routine dental health needs, are unlikely to be related
- The Clinical Commissioning Group (CCG) may also choose to specify other health care needs which are not related to the child or young person's SEN (for example, a long-term condition which might need management in a special educational setting)

Is a health care plan appended?	No
Details of any health care plans appended with permission of parents/carers:	N/A

Section D

Social Care Needs

This section must detail the child or young person's Social Care needs which are related to their SEN or to a disability. This should include things like Short Break Local Offer needs and what support the child or young person needs to access the community.

It is not lawful for this section to say "Not Known to Social Care"

Section 9.69 (D) of the SEND Code of Practice January 2015 states:

- The EHC plan **must** specify any social care needs identified through the EHC needs assessment which relate to the child or young person's SEN or which require provision for a child or young person under 18 under section 2 of the Chronically Sick and Disabled Persons Act 1970
- The local authority may also choose to specify other social care needs which are not linked to the child or young person's SEN or to a disability. This could include reference to any child in need or child protection plan which a child may have relating to other family issues such as neglect. Such an approach could help the child and their parents

manage the different plans and bring greater co-ordination of services. Inclusion must only be with the consent of the child and their parents	
Is an adult care and support plan appended?	No
Details of any social care plans appended with permission of parents/carers:	N/A



Section E

The following section of the Education, Health and Care Plan outlines the outcomes identified for the child/young person.

This section should detail the outcomes for the child within a set timeframe. An outcome can be defined as the benefit or difference made to an individual as a result of an intervention. It should be personal and not expressed from a service perspective. It is good practice to have an Outcome for each area of need identified in Section B and there can be learning as well as social outcomes as required. EHC plans can also include wider outcomes such as positive social relationships and emotional resilience and stability.

Mostly the targets are yearly targets, but they can be shorter term or longer term targets. There is no limit to the number of outcomes you can have but you must remember that the child is expected to be working on all of them so try not to set the expectations too high. Having said that the Outcomes should be ambitious and help the child to make progress.

These should be SMART outcomes and should relate to the areas of need identified in Section B. SMART means they need to be:

Specific
Measurable
Achievable
Realistic/Relevant
Timebound

The SEND Code of Practice January 2015 Section 9.69 (E) details what must be included in this section:

- A range of outcomes over varying timescales, covering Education, health and are as appropriate but recognising that it is the education and training outcomes only that will help determine when a plan is ceased for young people aged over 18. Therefore, for young people aged over 17, the EHC plan should identify clearly which outcomes are education and training outcomes. See paragraph 9.64 onwards for more detail on outcomes
- A clear distinction between outcomes and provision. The provision should help the child or young person achieve an outcome, it is not an outcome in itself
- Steps towards meeting the outcomes
- The arrangements for monitoring progress, including review and transition review arrangements and the arrangements for setting and monitoring shorter term targets by the early years provider, school, college or other education or training provider
- Forward plans for key changes in a child or young person's life, such as changing schools, moving from children's to adult care and/or from paediatric services to adult health, or moving on from further education to adulthood
- For children and young people preparing for the transition to adulthood, the outcomes that will prepare them well for adulthood and are clearly linked to the achievement of the aspirations in section A

There are further details of outcomes in Section 9.64 onwards in the SEND Code of Practice January 2015, Section 37 of the Children and Families Act 2014 and Regulations 11 and 12 of the SEND Regulations 2014.

	Outcomes	By when?
1		
2		
3		
4		
5		



Section F

Education Provision

The following section of the Education, Health and Care Plan specifies the provision (equipment, support and actions) that will be put in place to achieve the identified outcomes in Section E and meet the needs identified in Section B.

This section must detail the special educational provision required by the child or young person. There should be a provision to meet every need in Section B and to achieve the outcomes in Section E.

The SEND Code of Practice January 2015 Section 9.69 (F) details what must be included in this section:

- Provision **must** be detailed and specific and should normally be quantified, for example, in terms of the type, hours and frequency of support and level of expertise, including where this support is secured through a Personal Budget
- Provision **must** be specified for each and every need specified in section B. It should be clear how the provision will support achievement of the outcomes
- Where health or social care provision educates or trains a child or young person, it **must** appear in this section (see paragraph 9.73)
- There should be clarity as to how advice and information gathered has informed the provision specified. Where the local authority has departed from that advice, they should say so and give reasons for it
- In some cases, flexibility will be required to meet the changing needs of the child or young person including flexibility in the use of a Personal Budget
- The plan should specify:
 - any appropriate facilities and equipment, staffing arrangements and curriculum
 - any appropriate modifications to the application of the National Curriculum, where relevant
 - any appropriate exclusions from the application of the National Curriculum or the course being studied in a post-16 setting, in detail, and the provision which it is proposed to substitute for any such exclusions in order to maintain a balanced and broadly based curriculum
 - where residential accommodation is appropriate, that fact
 - where there is a Personal Budget, the outcomes to which it is intended to contribute (detail of the arrangements for a Personal Budget, including any direct payment, **must** be included in the plan and these should be set out in section J)
- See paragraph 9.131 onwards for details of duties on the local authority to maintain the special educational provision in the EHC plan

The provisions must be detailed and specific and should be quantified stating who is responsible for providing it and how many hours, what level of experience the person needs etc. These should be taken from the reports. If the reports are not specific enough then you need to go back to the professional and advise them that the report is not sufficient to meet the EHC Assessment criteria.

Look out for comments such as ‘access to’, ‘opportunities for’, ‘regular’ (Hailey’s Comet is regular, Christmas is regular), ‘may benefit from’ and ensure they are more specific. Will have, daily, weekly, will be provided with etc. The plan should detail who is responsible for providing that provision on a daily basis. Terms like Named Person should be more specific as a Named Person could be anyone, including the janitor! It should state Named TA/LSA/Teacher/SENCo etc.

The Local Authority is the one responsible for providing all the provision detailed in Section F, not the school. If the school is unable to provide what is detailed, then they will need to seek support from the LA. Section 42(2) of the Children and Families Act 2014 states: *The local authority must secure the specified special educational provision for the child or young person.* And the SEND Code of Practice Section 9.131 states: *When an EHC plan is maintained for a child or young person the local authority **must** secure the special educational provision specified in the plan. If a local authority names an independent school or independent college in the plan as special educational provision it **must** also meet the costs of the fees, including any boarding and lodging where relevant.*

Section 6.99 of the SEND Code of Practice states: *Schools are not expected to meet the full costs of more expensive special educational provision from their core funding. They are expected to provide additional support which costs up to a nationally prescribed threshold per pupil per year. The responsible local authority, usually the authority where the child or young person lives, should provide additional top-up funding where the cost of the special educational provision required to meet the needs of an individual pupil exceeds the nationally prescribed threshold.*

Outcome	Provision needed to support outcome	To be provided by	Frequency
1	a)		
2			
3			
4			
5			

Section G

Health Provision

The following section of the Education, Health and Care Plan specifies the provision (equipment, support and actions) that will be put in place to achieve the identified outcomes in Section E and meet the needs identified in Section C.

This section should detail any health provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN. Where an Individual Health Care Plan is made for them, that plan should be included.

All provisions made by the CCG (NHS) should be detailed here, regardless of where the provision takes place, in school or in clinic. This would include Speech and Language, Occupational Therapy, Physiotherapy, and any other NHS services. If these therapies are detailed in Section F **only** then the LA becomes responsible for providing them and must seek private practitioners if NHS services are unable to fulfil the provision.

The SEND Code of Practice January 2015 Section 9.69 (G) details what must be included in this section:

- Provision should be detailed and specific and should normally be quantified, for example, in terms of the type of support and who will provide it
- It should be clear how the provision will support achievement of the outcomes, including the health needs to be met and the outcomes to be achieved through provision secured through a personal (health) budget
- Clarity as to how advice and information gathered has informed the provision specified
- Health care provision reasonably required may include specialist support and therapies, such as medical treatments and delivery of medications, occupational therapy and physiotherapy, a range of nursing support, specialist equipment, wheelchairs and continence supplies. It could include highly specialist services needed by only a small number of children which are commissioned centrally by NHS England (for example therapeutic provision for young offenders in the secure estate)
- The local authority and CCG may also choose to specify other health care provision reasonably required by the child or young person, which is not linked to their learning difficulties or disabilities, but which should sensibly be co-ordinated with other services in the plan
- See paragraph 9.141 for details of duties on the health service to maintain the health care provision in the EHC plan

Outcome	Provision needed to support outcome	To be provided by	Frequency

Section H1 and H2

Social Care Provision

The following section of the Education, Health and Care Plan specifies the provision (equipment, support and actions) that will be put in place to achieve the identified outcomes in Section E and meet the needs identified in Section D.

H1 – Any social care provision which must be made for a child or young person under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA)

The SEND Code of Practice January 2015 Section 9.69 (H1) details what must be included in this section:

- Provision should be detailed and specific and should normally be quantified, for example, in terms of the type of support and who will provide it (including where this is to be secured through a social care direct payment)
- It should be clear how the provision will support achievement of the outcomes, including any provision secured through a Personal Budget. There should be clarity as to how advice and information gathered has informed the provision specified
- Section H1 of the EHC plan **must** specify all services assessed as being needed for a disabled child or young person under 18, under section 2 of the CSDPA. These services include:
 - practical assistance in the home
 - provision or assistance in obtaining recreational and educational facilities at home and outside the home
 - assistance in travelling to facilities
 - adaptations to the home
 - facilitating the taking of holidays
 - provision of meals at home or elsewhere
 - provision or assistance in obtaining a telephone and any special equipment necessary
 - non-residential short breaks (included in Section H1 on the basis that the child as well as his or her parent will benefit from the short break)
- This may include services to be provided for parent carers of disabled children, including following an assessment of their needs under sections 17ZD-17ZF of the Children Act 1989
- See paragraph 9.137 onwards for details of duties on local authorities to maintain the social care provision in the EHC plan

This should include Short Break Local Offer hours as well as direct payments. It should be detailed as to how the direct payments are to be used. All LAs must provide a respite service for children who have additional needs. How this is provided varies from LA to LA.

Outcome	Provision needed to support outcome	To be provided by	Frequency

H2 – Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN

The SEND Code of Practice January 2015 Section 9.69 (H2) details what must be included in this section:

- Social care provision reasonably required may include provision identified through early help and children in need assessments and safeguarding assessments for children. Section H2 **must** only include services which are not provided under Section 2 of the CSDPA. For children and young people under 18 this includes residential short breaks and services provided to children arising from their SEN but unrelated to a disability. This should include any provision secured through a social care direct payment. See chapter 10 for more information on children's social care assessments
- Social care provision reasonably required will include any adult social care provision to meet eligible needs for young people over 18 (set out in an adult care and support plan) under the Care Act 2014. See Chapter 8 for further detail on adult care and EHC plans
- The local authority may also choose to specify in section H2 other social care provision reasonably required by the child or young person, which is not linked to their learning difficulties or disabilities. This will enable the local authority to include in the EHC plan social care provision such as child in need or child protection plans, or provision meeting eligible needs set out in an adult care plan where it is unrelated to the SEN but appropriate to include in the EHC plan
- See paragraph 9.137 onwards for details of duties on local authorities to maintain the social care provision in the EHC plan

Outcome	Provision needed to support outcome	To be provided by	Frequency

Section I

The type of educational setting I will attend

(This section is left blank in the draft Education, Health and Care Plan)

The SEND Code of Practice January 2015 Section 9.69 (I) details what must be included in this section:

- The *name* and *type* of the school, maintained nursery school, post-16 institution or other institution to be attended by the child or young person and the type of that institution (or, where the name of a school or other institution is not specified in the EHC plan, the type of school or other institution to be attended by the child or young person)
- These details **must** be included only in the final EHC plan, not the draft EHC plan sent to the child's parent or to the young person
- See paragraph 9.78 onwards for more details

Requests for a particular school, college or other institution

Relevant legislation: Sections 33 and 39 of the Children and Families Act 2014

9.78 The child's parent or the young person has the right to request a particular school, college or other institution of the following type to be named in their EHC plan:

- maintained nursery school
- maintained school and any form of academy or free school (mainstream or special)
- non-maintained special school
- further education or sixth form college
- independent school or independent specialist colleges (where they have been approved for this purpose by the Secretary of State and published in a list available to all parents and young people)

9.79 If a child's parent or a young person makes a request for a particular nursery, school or post-16 institution in these groups the local authority **must** comply with that preference and name the school or college in the EHC plan unless:

- it would be unsuitable for the age, ability, aptitude or SEN of the child or young person, or
- the attendance of the child or young person there would be incompatible with the efficient education of others, or the efficient use of resources

Efficient education means providing for each child or young person a suitable, appropriate education in terms of their age, ability, aptitude and any special educational needs they may have. Where a local authority is considering the appropriateness of an individual institution, 'others' is intended to mean the children and young people with whom the child or young person with an EHC plan will directly come into contact on a regular day-to-day basis.

9.80 The local authority **must** consult the governing body, principal or proprietor of the school or college concerned and consider their comments very carefully before deciding whether to name it in the child or young person's EHC plan, sending the school or college a copy of the draft plan. If another local authority maintains the school, they too **must** be consulted.

A parent can name any school in the country for their child and the LA must consider it and consult with that school. Section 9 of the Education Act 1996 says that children should be educated in accordance with their parent's wishes.

Local policies with regards to placement at Specialist Provisions are not legal processes and the LA must still consult with the Parental Preference school, even before any local policy guidelines come into play, such as Provision or Placement Panels.

The age of the child should have no bearing on this section. If a child is under statutory school age but still requires a place in a specialist provision then they should still be allocated a place.

Type of setting:	
Name and address of setting:	

Duly Authorised Officer:	Signed:	Date:

Education, Health and Care Plan – Personal Budget Statement

If you have requested a Personal Budget statement it will look like below.

The SEND Code of Practice January 2015 Section 9.69 (J) details what must be included in this section:

- This section should provide detailed information on any Personal Budget that will be used to secure provision in the EHC plan
- It should set out the arrangements in relation to direct payments as required by education, health and social care regulations
- The special educational needs and outcomes that are to be met by any direct payment **must** be specified

Name of Child/Young Person:

Address:

Services **highlighted** may be provided as a direct payment where requested; further details are provided in the Children's Direct Payments Guidance and HCS Direct Payments information on Hertfordshire.gov.uk. N.B. In individual exceptional cases, where transport is included in an Education, Health and Care Plan, an enhanced mileage allowance of 45p per mile would be available for two journeys per day; where it is best value to do so. A mileage allowance is not a direct payment.

Outcome(s)	Education		Health		Social Care	
	provisions proposed / in place	Cost £	provisions proposed / in place	Cost £	provisions proposed / in place	Cost £

Section K

Appendices - Reports and assessments appended to the Education, Health and Care Plan

The SEND Code of Practice January 2015 Section 9.69 (K) details what must be included in this section:

- The advice and information gathered during the EHC needs assessment must be set out in appendices to the EHC plan. There should be a list of this advice and information

This section should include any reports used throughout the plan, including those that were sent as evidence in the original application if they are still relevant and valid.

When assessing X's special educational needs the authority took into consideration the evidence and advice set out in these appendices and reports collected during this assessment which contributed to this plan.

	Report/Assessment	Date it was written	Written by
1			
2			
3			
4			
5			

When amending X's Education, Health and Care Plan, the authority took into consideration the evidence and advice set out in these appendices and reports.

	Report/Assessment	Date it was written	Written by
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Dates of X's previous Education, Health and Care Plans