

ONE PLAN

FOR EDUCATION, HEALTH AND CARE - STOCKTON-ON-TEES

My Name is:

Agreeing the Plan

The law allows the Local Authority to share this Plan with other services within the Local Authority and outside agencies (e.g. CAMHS, NHS Trusts) where the Local Authority determines that it is necessary to disclose in the interests of or the child young person. The EHC plan comprises evidence, advice or information obtained in relation to the EHC assessment. These are part of the 'plan' and comprise the whole document.

Young Person and/or parent (or person with parental responsibility):	Date:
Duly authorised officer (Education):	Date:
Duly authorised officer (Health):	Date:
Duly authorised officer (Social Care):	Date:
This plan was completed on:	
This plan will be reviewed by:	
Date of review:	



Personal Details

*Name:			
*Date of Birth:		*Gender:	
*Home Address:			
*Ethnicity:		Religion:	
*Name of parent(s)/person(s) with parental responsibility/Next of Kin:			
*Relationship to me			
<i>Address:</i>			
<i>Telephone Number:</i>			
<i>Email Address:</i>			
*Who I live with:			
<i>c/o Address (if different from above):</i>			
<i>Telephone Number:</i>			
<i>Email Address:</i>			
UPN Number:			
Health Number:			
Social Care Number: (where appropriate)			
NI Number (over 16)			
*Legal Status:			

* denotes mandatory field

Section A: My History, Story & Hopes

***This section will include significant factual information, for example any diagnosis etc.**

A little bit about me ...

***This section will include the views, interests and aspirations of the child/young person.**

What's important to me?

This is my family/relationships:

This is who is important to me:

This is how I communicate and take part:

This is what I am good at:

This is what I can do for myself:

This is what I need help with:

This is what I enjoy and what makes me happy:

This is what I don't like and what makes me sad or angry:

Appendix 2

This is what I want to do now:

This is what I want to do in the future:

Parents/Carers Views:

1. About my child/young person, their health, education, independence and friendships.

2. How my child/young person communicates and engages in decision making.

3. My child/young person's future plans including employment:

4. My aspirations and goals for my child/young person for the future

N.B. Young people after compulsory school age have specific decision making rights about EHC plans. These are set out in the Special Educational Needs and Disability Code of Practice 0-25 years particularly Chapters 8 and 9.

Status of the Plan

	Date commenced
In accordance with section 35, Children and Families Act 2014, this plan replaces a statement of the child's special educational needs and learning difficulty assessment.	
Short break care Services provided under section 17 of the 1989 Children Act	
Short break care Services provided under section 20 of the 1989 Children Act	
Personal Educational Plan under section 20/31 of the Children Act 1989	
Relevant Health statutory requirements	
Relevant Social Care statutory requirements	
Team Around the Child/Family Plan	

Section B

- This section should be updated particularly at the following points as part of the annual review: Reception to Key Stage 1, Primary to Secondary, Year 9 review, Transition to Post 16 Education/Training, Employment.
- Please refer to the Code of Practice for guidance for completing
- All of identified SEN must be included
- Any health and care needs identified through the EHC assessments should also be included

My Special Educational Needs

Communication and interaction

Cognition and Learning

Social, Emotional and Mental Health Difficulties

Sensory and/or physical needs

Summary

SEN Category:

Primary Need:

Appendix 2

Section C

My health needs linked to my Special Educational Needs

Communication and interaction

Cognition and Learning

Social, Emotional and Mental Health Difficulties

Sensory and/or physical needs

Section D

My social care needs linked to my Special Educational Needs

Communication and interaction

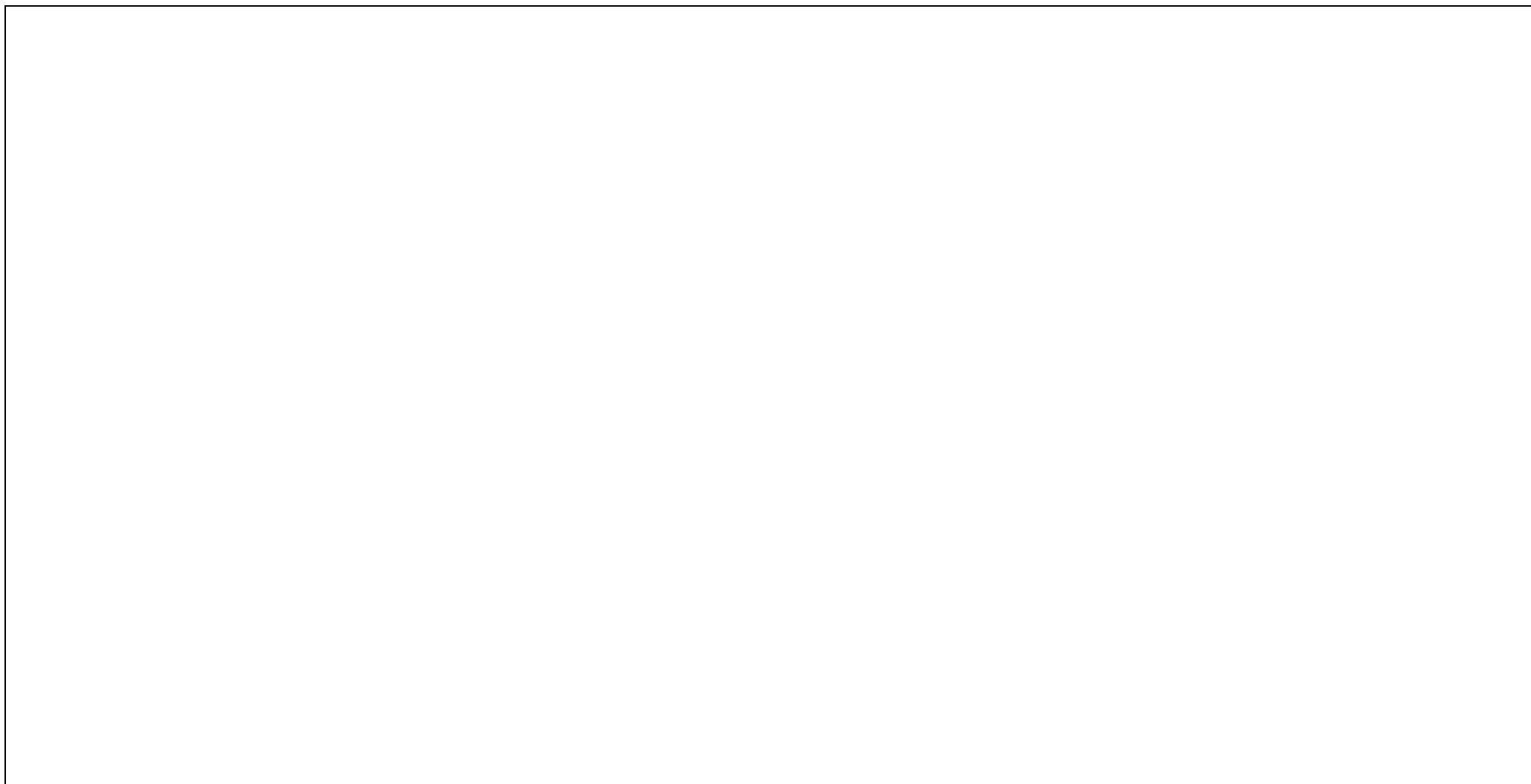
Cognition and Learning

Social, Emotional and Mental Health Difficulties

Sensory and/or physical needs

Section E: Outcomes

Desired outcomes for
(Please include timescales)

A large, empty rectangular box with a thin black border, intended for the user to write their desired outcomes and include timescales.

	This is what (insert name here) needs to support him/her	How often will this happen?	Who will provide this support (named person/people and agency)? For contact details see Section K	Resource Cost £	Annual Cost £
<p>Section F Special Educational Provision</p>	<p>To include Funding Band</p>				
<p>Section G Health Provision (reasonably required by the learning difficulties and disabilities which result in (insert name here) having SEN)</p>					
<p>Section H1 Social Care Provision (which must be made under section 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970)</p>					
<p>Section H2 Social Care Provision (reasonably required by the learning difficulties and disabilities which result in (insert name here) having SEN)</p>					

Section I: Education Placement

Name of Setting:	
Type of Setting:	
Contact Details:	

Section J: Personal Budget

	Yes	No
Do _____ and his/her parents want to take a personal budget for their support? If yes, is this a:		
Notional Budget		
Direct Payment		
3 rd Party Arrangement		
Combination of the above		
Who is managing the Budget?		

_____ 's Personal Budget allocation is:	£ _____
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Description of support	Weekly Cost	Annual Cost
Education	£ _____	£ _____
Health	£ _____	£ _____
Social Care	£ _____	£ _____
Other *Please refer to guidance Notes	£ _____	£ _____
TOTAL AVAILABLE AS PERSONAL BUDGET	£ _____	£ _____

Section K

When assessing the child's education, health and care needs under section 36 of The Children and Families Act 2014, the following reports, evidence and advice were taken into account in assessing the child's/young person's needs and the provision required to meet those needs; and are available as appendices:

Document/Agency	Written by	Contact Information	Date of report

Additional information about involvement:

These are the people who have been/need to be involved in _____'s Plan:

Name	Designation (what role do they play?)	Address	Telephone number	Attended	Provided Report