

Tel:
Fax:

Final Plan - My Education, Health and Care Plan / Coordinated Plan

Details of Ehcp Ehcp, 12 years

| | | | |
|--|----------------------|------------------|------|
| Family Name | Ehcp | Given Names | Ehcp |
| Actual DOB | 04-Jun-2013 | Gender | Male |
| Ethnicity | A1 - White British | Primary Language | |
| Case Number | 2056337 | | |
| Location | North | | |
| Schools Cluster | Cluster 1 | | |
| Date of this Final EHC Plan: | 13-Jun-2025 | | |
| Caseworker completing plan: | Simon Beever | | |
| Signature: | | | |
| My EHC plan review date: | 01-May-2025 | | |
| Date of last statement if this is a conversion to an EHC plan: | | | |
| Plan Establishments | | | |
| Plan Establishments | | | |
| No records found | | | |
| Current Setting | | | |
| Attends a current setting? | Yes | | |
| Name of Current Setting | <input type="text"/> | | |
| Name of main contact in current setting: | | | |

My Education, Health and Care Plan

General Information

My Personal Details

| | |
|---------------------------------|--------------------|
| Surname: | Ehcp |
| First Name (s): | Ehcp |
| Date of Birth: | 04-Jun-2013 |
| Gender: | Male |
| Ethnicity: | A1 - White British |
| Nationality: | British |
| Primary Language | |
| Religion: | Baptist |
| Child Looked After/Care Leaver: | |
| Telephone: | |
| E-mail: | |
| NHS Number | |
| Unique Pupil Number | |

Parent/Carer Information

Other Household Members

| Relationship | Name | Date of Birth | Gender | Ethnicity | Language | Locality | School | Start/End Date |
|--------------|------|---------------|--------|-----------|----------|----------|--------|----------------|
|--------------|------|---------------|--------|-----------|----------|----------|--------|----------------|

Non-Household Significant Family Members & Other Related Persons

There are no non-household relations specified.

Section A: About Me

My Goals and Aspirations.

| | |
|---|--|
| In the next 6-12 months I want to..... | |
| In the future, beyond next year and when I am and adult, I want to..... | |

All About Me

| | |
|--|--|
| My Story: | |
| What people like and admire about me and what I can do well: | |
| How best to support and communicate with me: | |
| Things that I like and what I enjoy doing: | |
| Things that I dislike and find difficult: | |
| What is important to me now: | |

Parent's views

| | |
|---|--|
| Child / young persons strengths: | |
| Child / young persons difficulties: | |
| Health and wellbeing: | |
| What is important for the child / young person now: | |
| What is important for the child / young person in the future: | |
| Important information to know about the child / young person: | |

Section B: My Special Educational Needs

| | |
|--|--|
| A Summary of my special educational needs: | |
| Cognition and Learning: | |
| Communication and Interaction: | |
| Social, Emotional and Mental Health: | |
| Sensory and/or Physical: | |
| Preparing for Key Transitions: | |

Preparing for Adulthood

| | |
|---------------------------------------|--|
| Higher Education and / or Employment: | |
| Independent Living: | |
| Participation in Society: | |
| Being Healthy in Adult Life: | |

Section C: My Strengths and Health Needs**Strengths**

| | |
|---------------------------|--|
| Strengths related to SEN: | |
|---------------------------|--|

Health Needs

| | |
|------------------------------|--|
| Health needs related to SEN: | |
|------------------------------|--|

Section D: My Strengths and Social Care Needs**Strengths**

| | |
|---------------------------|--|
| Strengths related to SEN: | |
|---------------------------|--|

Social Care Needs

| | |
|-----------------------------------|--|
| Social Care needs related to SEN: | |
|-----------------------------------|--|

Section E: Outcomes

My Outcomes:

| | Agreed Outcomes | Supported by (F) Education | Supported by (G) Health | Supported by (H1 & H2) Social Care |
|-------------------------------------|-----------------|----------------------------|-------------------------|------------------------------------|
| Cognition and Learning | | | | |
| Communication and Interaction | | | | |
| Social, Emotional and Mental Health | | | | |
| Physical and Sensory | | | | |
| Preparation for Key Transitions | | | | |
| Preparation for Adulthood | | | | |
| Health | | | | |
| Social Care | | | | |

Section F: Special Educational Provision

Education Provision

Cognition and Learning

| | | |
|---|-----------------|--|
| What needs to happen to help me achieve this outcome? | Who will do it? | How Often? (frequency and duration) |
|---|-----------------|--|

Communication and Interaction

| | | |
|---|-----------------|--|
| What needs to happen to help me achieve this outcome? | Who will do it? | How Often? (frequency and duration) |
|---|-----------------|--|

Social, Emotional and Mental Health

| | | |
|---|-----------------|--|
| What needs to happen to help me achieve this outcome? | Who will do it? | How Often? (frequency and duration) |
|---|-----------------|--|

Physical and Sensory

| | | |
|---|-----------------|--|
| What needs to happen to help me achieve this outcome? | Who will do it? | How Often? (frequency and duration) |
|---|-----------------|--|

Preparation for Key Transitions

| | | |
|---|-----------------|--|
| What needs to happen to help me achieve this outcome? | Who will do it? | How Often? (frequency and duration) |
|---|-----------------|--|

Preparation for Adulthood

| | | |
|---|-----------------|--|
| What needs to happen to help me achieve this outcome? | Who will do it? | How Often? (frequency and duration) |
|---|-----------------|--|

Section G: Health Provision**Health Provision**

| | | |
|---|-----------------|--|
| What needs to happen to help me achieve this outcome? | Who will do it? | How Often? (frequency and duration) |
|---|-----------------|--|

Sections H1 and H2: Social Care Provision**H1: Social Care Provision**

| | | |
|---|-----------------|--|
| What needs to happen to help me achieve this outcome? | Who will do it? | How Often? (frequency and duration) |
|---|-----------------|--|

H2: Social Care Provision

| | | |
|---|-----------------|--|
| What needs to happen to help me achieve this outcome? | Who will do it? | How Often? (frequency and duration) |
|---|-----------------|--|

Section I: My Educational Placement**The type of educational setting I will attend**

| | |
|------------------------------|--|
| Name and address of setting: | |
| Type of setting: | |

Section J: Personal Budget**Education, Health and Care Plan Resource Sheet**

| | |
|---|--|
| Have the family made a request for a personal budget? | |
|---|--|

Section K: Summary**Section K1: My Annual Review Meeting**

| | |
|------------------------------|--|
| Date of latest Annual Review | |
|------------------------------|--|

| Name | Role | Contact Details |
|------|------|-----------------|
|------|------|-----------------|

K2: Advice and Information

| | Information Used | Who wrote it | Date of Information |
|------------|------------------|--------------|---------------------|
| Appendix 1 | | | |
| Appendix 2 | | | |
| Appendix 3 | | | |
| Appendix 4 | | | |
| Appendix 5 | | | |

K3: Agreeing my Plan

| | |
|--------------------|--|
| Managers Oversight | |
| Quality Assured by | |
| Quality Assured by | |
| Signature: | |

Planning

| | |
|---------------------|-------------|
| Plan Revision | 9,0 |
| Plan Effective From | 13-Jun-2025 |