



**WARRINGTON**  
Borough Council

# XXXX's Plan



An Education, Health & Care Plan  
for  
XXXXX

|            |  |
|------------|--|
| Draft EHCP |  |
| Final EHCP |  |



## STATUTORY EDUCATION, HEALTH & CARE PLAN

In accordance with the Children and Families Act 2014, the following statutory Education, Health & Care Plan is made by Warrington Borough Council and the Warrington NHS Community Service in respect of **xxxxx** whose particulars are set out below.

|                                    |                    |
|------------------------------------|--------------------|
| <b>Name</b>                        |                    |
| <b>Address</b>                     |                    |
| <b>Contact Number</b>              | Mother:<br>Father: |
| <b>Date of Birth</b>               |                    |
| <b>Setting/School (with dates)</b> |                    |

|                           |  |
|---------------------------|--|
| <b>UPN Number</b>         |  |
| <b>NHS Number</b>         |  |
| <b>Social Care Number</b> |  |
| <b>Ethnicity</b>          |  |
| <b>Language spoken</b>    |  |

|                                |                    |
|--------------------------------|--------------------|
| <b>Parental Responsibility</b> | Mother:<br>Father: |
| <b>Address</b>                 |                    |
| <b>Contact Number</b>          |                    |
| <b>Contact Email</b>           |                    |

|  |                          |
|--|--------------------------|
| <b>Written By</b><br>SEND Casework Officer | Patricia Chan<br><br>TBC |
| <b>Scheduled Review Date</b>               | Bi - Annually            |
| <b>Version Number</b>                      | 1                        |

## Important Background Information

|  |  |  |                 |
|--|--|--|-----------------|
| Other things that are important to know about the child and her family           | <p>The Keyworker has been identified as the SENDCO at his/her current school</p> |  |                 |
| Primary area of need   |  |  |                 |
| Professionals involved with the young person at the time of writing the EHC plan | Name   | Designation  | Contact details |
|  |  | SENDCo -   |                 |
|  |  | Educational and Child Psychologist                   | 01925 442917    |
|  |  | Consultant Community Paediatrician                   | 01925 946480    |
|  |  | NHS Speech and Language Therapist                    | 01925 946686    |
|  |  | NHS Occupational Therapist                           | 01925 946097    |
|  |  | NHS Paediatric Physiotherapist                       | 01925 946097    |
|  |  | Specialist Nurse (ADHD)                              | 01925 946773    |
|  |  | Specialist Nurse (ASD)                               | 01925 946773    |
|  |  | Nursery nurse – Paediatric Bladder and Bowel Service | 01925 946732    |

|  |  |                        |              |
|--|--|------------------------|--------------|
|  |  | Paediatric Audiologist | 01925 946727 |
| The following times or barriers make it more difficult for the young person or his/her family to attend meetings or appointments |  |                        |              |

## **Section A**

*This section sets out the views, interests and aspirations of the child and his or her parents*

### **Parent's/Carer's views and aspirations for**

#### **Important background information**

- S

#### **What I like and admire about xxx**

- I

#### **Important people in xxx's life**

- S

#### **What xxx likes to do**

**At home:** She loves to

**With friends:** She enjoys

**At school:** She likes

#### **What is important to xxx now**

- E

**Looking to the future**

#### **What are xxx's hopes and dreams for the future**

- S

#### **What do I wish for xxx in the future**

- 

#### **Communication**

**What xxx does when she is .....**

**Happy:** She

**Sad, upset, or in pain:** She will

**Angry or frustrated:** She will

#### **How best to communicate with Harper-Willow**

#### **What is working well for Harper-Willow**

- 

#### **What issues need resolving**

# This is me - Xxx's views have been completed with support, as recorded in the AR2a document dated xxxx.

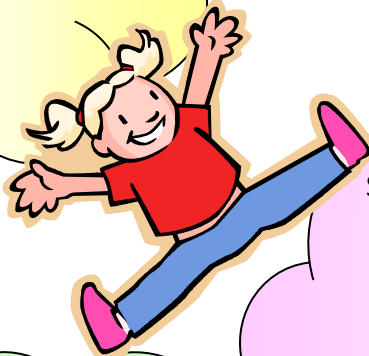
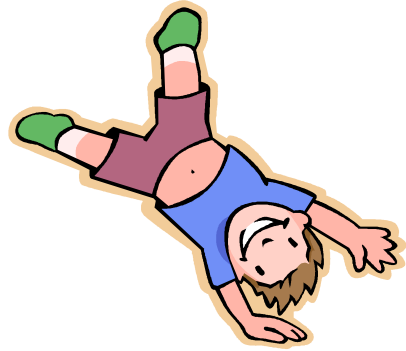
In school I like:

I am good at:

When I am older I want to:

Sometimes I worry about:

I am happy when:



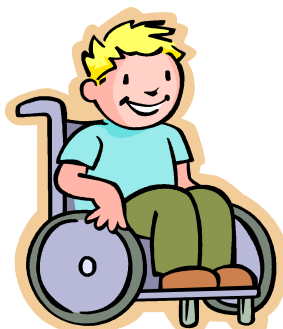
# People who are important to me

My family:

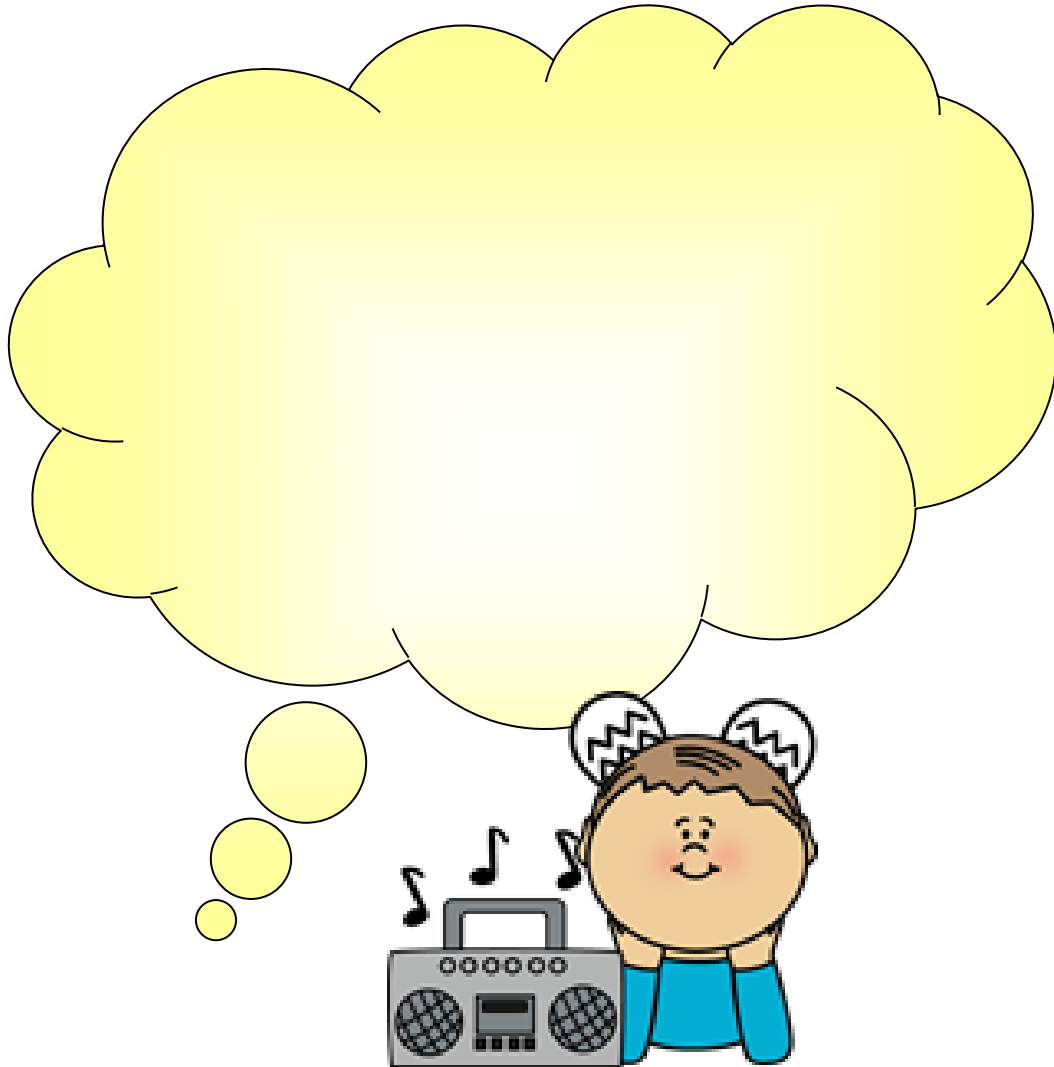
At Nursery or School:-

Friends: -

who help me:-



**What would help me do better at  
nursery/school?**





## **Section B: Special Educational Needs**

*In this section all of the child's special educational needs **must** be specified.*

| <b>xxx's strengths and special educational needs</b> |   |
|--|---|
| <b>Cognition and Learning</b>                        | <b>Strengths:</b><br><br>(EHC Referral, dated )<br>(Educational and Child Psychologist, report dated )<br><br><b>Special Educational Needs:</b> |
| <b>Social, Emotional and Mental Health</b>           | <b>Strengths:</b><br><br><b>Special Educational Needs:</b>  |
| <b>Sensory/Physical</b>                              | <b>Strengths:</b><br><br><b>Special Educational Needs:</b>  |
| <b>Speech/Language/Communication</b>                 | <b>Strengths:</b><br><b>Special Educational Needs:</b>  |

**Section C and G:**

**Section C: Health Needs:** *This section sets out the health care needs that have been identified for the child which are related to their SEN*

**Section G: Health Provision:** *This section sets out any health provision required by the learning difficulties or disabilities which would result in the child having SEN.*

|  |   |   |
|--|---|---|
| <b>xxxx's Health</b>   |   |   |
| <b>Outcome</b>   |   |   |
| <i>No outcomes or interventions identified at the time of EHC assessment. Xxx's current health needs can be met by universal health services</i> |   |   |
| <i>No outcomes identified at the time of EHC assessment.</i>   |   |   |
| <i>Intervention 1) informed by xxx , Consultant Paediatrician, in the report dated xxx.</i>  |   |   |
| <b>What intervention does xxxx need to achieve this outcome?</b>   | <b>Who is going to provide the support and how often?</b> | <b>How will we know if the outcome has been achieved?</b> |
| <i>No outcomes or interventions identified at the time of EHC assessment.</i>  |   |   |

**Section D, H1 and H2:**

**Section D: Social Care Needs:** *This section sets out the social care needs that have been identified for the child in relation to their SEN*

**Section H1: Social Care Provision:** *This section sets out any social care provision which must be made for a child under 18 resulting from Section 2 of the Chronically Sick and Disabled Person’s Act 1970.*

**Section H2: Social Care Provision:** *This section sets out any social care provision reasonably required by the learning difficulties or disabilities which result in the child person having special educational needs.*

|   |   |   |
|---|---|---|
| <b>xxxx’s Social Care Needs</b>   |   |   |
| <i>xxxx and his/her family are not currently known to Social Care. The family can request or be referred for support at any time, if needed.</i>  |   |   |
| Xxx and his family are currently known to Social Care. The family is supported by Family Support Worker. Social Care advice is awaited and the plan can be updated if required once received. |   |   |
| <b>Outcome</b>  |   |   |
| <i>No outcomes or interventions identified at the time of EHC assessment.</i>   |   |   |
| <i>To be updated on receipt of advice.</i>  |   |   |
| <b>What intervention does xxxx need to achieve this outcome?</b>  | <b>Who is going to provide the support and how often?</b> | <b>How will we know if the outcome has been achieved?</b> |
| <i>No outcomes or interventions identified at the time of EHC assessment.</i>   |   |   |

**Section E and F:**

**Section E: Outcomes:** This section sets out a list of the outcomes sought for the child

**Section F: Provision:** This area sets out the provision for the child.

|   | <b>Outcome</b>   |
|---|--|
| <b>Child's chosen/requested outcome</b> | <i>A1) xxx xxx has not been able to choose an outcome at this time. This can be amended through the Annual Review process.</i> |

| <b>What intervention does xxxx need to achieve this outcome?</b>              | <b>Who is going to provide the support and how often?</b> | <b>How will we know if this has been achieved?</b> |
|---|---|--|
| <i>No outcomes or interventions identified at the time of EHC assessment.</i> | -   | -  |

| <b>Area of Need</b>             | <b>Outcome</b>  |
|---------------------------------|---|
| <b>Cognition &amp; Learning</b> | B1)<br><br><i>Outcomes and interventions B1-B6) informed by xxx, Educational and Child Psychologist, in the report dated xxx.</i> |

| What intervention does xxxx need to achieve this outcome? | Who is going to provide the support and how often? | How will we know if this has been achieved? |
|---|--|---|
|   |  |   |

| Area of Need                              | Outcome  |
|---|--|
| Social, Emotional Wellbeing and Behaviour | C1)<br><i>Outcomes and interventions C1) informed by xxx, Educational and Child Psychologist, in the report dated xxx.</i> |

| What intervention does xxxx need to achieve this outcome? | Who is going to provide the support and how often? | How will we know if this has been achieved? |
|---|--|---|
|   |  |   |

| Area of Need                    | Outcome  |
|---------------------------------|--|
| Speech/ Language/ Communication | D1)<br><i>Outcomes and interventions D1) informed by xxx, Educational and Child Psychologist, in the report dated xxx.</i> |

| What intervention does xxxx need to achieve this outcome? | Who is going to provide the support and how often? | How will we know if this has been achieved? |
|---|--|---|
|   |  |   |

| Area of Need     | Outcome |
|------------------|---------|
| Sensory/Physical | E1)     |

| What intervention does xxxx need to achieve this outcome? | Who is going to provide the support and how often? | How will we know if this has been achieved? |
|---|--|---|
|   |  |   |

**Review**

These outcomes are to be achieved by the end of Key Stage One. They represent reasonable and aspirational targets for xxxx to reach. xxxx progress and the appropriateness of the outcomes will be formally monitored through six monthly reviews during the Foundation Stage of her/his education and thereafter through the annual review.

**Section I: Education Placement**

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

|                       |  |
|-----------------------|--|
| <b>Name of School</b> |  |
| <b>Type of School</b> |  |

**Section J: Education, Health & Care Plan Resources**

*Where there is a personal budget the following tables detail how it will be used to secure provision in the plan:*

| <b>Education Support Arrangements</b> | <b>Funding Source</b> | <b>Proposed Allocation</b> | <b>Date</b> |
|---------------------------------------|-----------------------|----------------------------|-------------|
|                                       |                       |                            |             |
| <b>Personal Budget</b>                |                       |                            |             |

| <b>Health Support Arrangements</b> | <b>Funding Source</b> | <b>Proposed Allocation</b> | <b>Date</b> |
|------------------------------------|-----------------------|----------------------------|-------------|
|                                    |                       |                            |             |
| <b>Personal Budget</b>             |                       |                            |             |

| <b>Care Support Arrangements</b> | <b>Funding Source</b> | <b>Proposed Allocation</b> | <b>Date</b> |
|----------------------------------|-----------------------|----------------------------|-------------|
|                                  |                       |                            |             |
| <b>Personal Budget</b>           |                       |                            |             |

| <b>Continuing Care Arrangements</b> | <b>Funding Source</b> | <b>Proposed Allocation</b> | <b>Date</b> |
|-------------------------------------|-----------------------|----------------------------|-------------|
|                                     |                       |                            |             |
| <b>Personal Budget</b>              |                       |                            |             |

**Section K: Advice & Information**

The advice and information gathered during the EHC needs assessment must be set out in appendices to the EHC plan.

| Source |  | Person/s submitting | Designation | Date of report |
|--------|--|---------------------|-------------|----------------|
| A      | Child's parent /                                 |                     |             |                |
| B      | Education  |                     |             |                |
| C      | Medical  |                     |             |                |
| C      | Medical  |                     |             |                |
| D      | Educational Psychology                           |                     |             |                |
| E      | Social Care                                      |                     |             |                |
| F      | Other<br><i>(as requested by the LA)</i>         |                     |             |                |
| G      | Other<br><i>(as requested by child's parent)</i> |                     |             |                |

**Arrangements for review**

A formal review of xxx's plan must be held at least annually, through the annual review process. Arrangements for reviewing this plan will be co-ordinated by the EHC Plan Co-ordinator and the Keyworker. The Keyworker has been identified as the SENDCo at her/his current school.

A formal review of xxx's progress must be held at least annually unless those responsible for his/her education consider that they should be held more frequently. Parents/Young Person must be invited to the review and provided with an opportunity to make their views known prior to and at the meeting. Xxxx should be closely involved in reviewing her/his own progress and setting her/his own targets with the help of her/his teacher.

**Signature on behalf of the Local Authority**

Signed.....

Dated.....