



**WARRINGTON**  
Borough Council



An Education, Health & Care Plan  
for

XXXX

|                      |            |
|----------------------|------------|
| Final Original EHCP  | XX.XX.XXXX |
| Draft Amended EHCP V | XX.XX.XXXX |
| Final Amended EHCP V | XX.XX.XXXX |



**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 **xxxx** 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/ College (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>Written by<br/>SEND Casework officer</b> | XXXXX<br>XXXXX |
| <b>Scheduled Review Date</b>                |                |
| <b>Version Number</b>                       |                |

## **Important Background Information**

|  |   |             |                 |
|--|---|-------------|-----------------|
| Other things that are important to know about the young person and their family  | <p><b>The Keyworker has been identified as the SENDCO at his/her current educational provider</b></p> |             |                 |
| Primary area of need   |   |             |                 |
| Professionals involved with young person at the time of writing the EHC plan   | Name  | Designation | Contact details |
|  |   |             |                 |
|  |   |             |                 |
|  |   |             |                 |
|  |   |             |                 |
| The following times or barriers make it more difficult for the young person or his/her family to attend meetings or appointments | Please allow two weeks' notice prior to any appointments and meetings.                                |             |                 |

## **Section A**

*This section sets out the views, interests and aspirations of the young person and his/her parents*

|  |
|--|
| <b>Parent's/Carer's views and aspirations for xxxx</b> |
|  |

# Young Person's Views

To be completed by the young person with support from the educational provider: how and when was his/her page completed?

|  |   |
|--|---|
| Other things important to know about me and my family?   | What I do not like about my education provider?             |
| What do people like and admire about me?   | What is important now?                                      |
| What is important to me in the future?   | What support is important for you to stay healthy and safe? |
| What is working well?  | What is not working well?                                   |
| Preparing for Adulthood<br>Employment<br>Independent Living<br>Community Participation<br>Health |   |
| What I wish for in the future?   |   |

## Section B: Special Educational Needs

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

| xxxx's strengths and special educational needs |  |
|--|--|
| Cognition and Learning                         | Strengths:<br><br><br><br><br><br><br><br><br><br>Special Educational Needs: |

|  |   |
|--|---|
| <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><br><b>Special Educational Needs:</b>                          |
| <b>Preparing for Adulthood</b>             | <b>Employment:</b><br><b>Independent Living:</b><br><b>Community Participation:</b> |

## **Section C and G:**

**Section C: Health Needs:** *This section sets out the health care needs that have been identified for the young person 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 young person having SEN. From Y9 onwards this must include provision required to assist in preparation for adulthood and independent living*

| <b>xxxx's Health</b>  |   |   |
|---|---|---|
|   |   |   |
| <b>Outcome</b>  |   |   |
| <i>No outcomes or interventions identified at the time of EHC assessment/amendment, xxxx's health needs can be met by universal health services</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/amendment.</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 young person in relation to their SEN*

**Section H1: Social Care Provision:** *This section sets out any social care provision which must be made for a young person under 18 resulting from Section 2 of the Chronically Sick and Disabled Person's Act 1970. From Y9 onwards this must include provision required to assist in preparation for adulthood and independent living*

**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 young person having special educational needs. From Y9 onwards this must include provision required to assist in preparation for adulthood and independent living*

| <b>xxxx's Social Care Needs</b>  |
|--|
| <i>Xxxx and his/her family are not currently known to Social Care. The family can request to be referred for support at any time, if needed.</i> |
| <b>Outcome</b>   |

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

**Section E and F:**

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

**Section F: Provision:** *This area sets out the provision for the young person. From Y9 onwards this must include provision required to assist in preparation for adulthood and independent living.*

| <b>Young person's chosen/requested outcome</b>            | <i>A1) xxxx has not chosen an outcome at this time. This can be amended through the Annual Review process.</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 the outcome has been achieved? |
|   |  |  |

| Area of Need         | Outcome |
|----------------------|---------|
| Cognition & Learning | B1)     |

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

| Area of Need                              | Outcome |
|---|---------|
| Social, Emotional Wellbeing and Behaviour | C1)     |

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

| Area of Need                    | Outcome |
|---------------------------------|---------|
| Speech/ Language/ Communication | D1)     |

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

| Area of Need            | Outcome |
|-------------------------|---------|
| Preparing for Adulthood | F1)     |

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

**Review**  
 These outcomes are to be achieved by the end of Key Stage X. They represent reasonable and aspirational targets for xxxx to reach. xxxx's progress and the appropriateness of the outcomes will need to be monitored by educational provider termly and formally reviewed at least annually in conjunction with parents and the relevant professionals

**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/<br/>College</b> |  |
| <b>Type of School/<br/>College</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 |
|----------|---|---------------------|-------------|----------------|
| <b>A</b> | <b>Young person</b>   |                     |             |                |
| <b>B</b> | <b>Education</b>  |                     |             |                |
| <b>C</b> | <b>Medical</b>  |                     |             |                |
| <b>D</b> | <b>Educational Psychology</b>   |                     |             |                |
| <b>E</b> | <b>Social Care</b>  |                     |             |                |
| <b>F</b> | <b>Other</b><br><i>(as requested by the LA)</i>                                       |                     |             |                |
| <b>G</b> | <b>Preparing for Adulthood and Independent Living</b><br><i>(from Year 9 onwards)</i> |                     |             |                |
| <b>H</b> | <b>Other</b><br><i>(as requested by child's parent or young person)</i>               |                     |             |                |

**Arrangements for review**

**A formal review of xxxx's plan must be held at least annually, through the annual review process. Arrangements for reviewing his plan will be co-ordinated by the SEND Casework Officer and the Keyworker. The Keyworker has been identified as the SENDCo at his/her current educational provider.**

A formal review of xxxx'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 his/her own progress and setting his/her own targets with the help of his/her teacher.

**Signature on behalf of the Local Authority**

Signed.....

Dated.....