

Insert photograph of child

Post 16 Education, Health and Care Plan

Name of young person

.....

Date EHC plan agreed:	
Signature of plan coordinator:	
Plan review date:	
Plan Number	



STOCKPORT
METROPOLITAN BOROUGH COUNCIL

Stockport **NHS**
NHS Foundation Trust

NHS
Stockport
Clinical Commissioning Group



My Personal Details	
Surname:	Name:
Home Address:	
Date of Birth:	Religion
Ethnicity:	Home Language:
UPN No:	NI No:
Telephone No.	Email Address:
Parent / Carer Information	
Surname:	Name:
Home Address:	
Tel No:	Relationship to young person:
Surname:	Name:
Home Address:	
Tel No:	Relationship to child:
GP Information	
Name of GP	
Address of GP:	
Tel No:	NHS No:

People Involved in Preparing the Plan

Name	Role / Service/Organisation	Type of report	Date of report	Appendix

Section A

This section sets out the views, interests and aspirations of the child/young person and his or her parent/carers. If this young person has an up to date one page profile, this can be inserted here or the information from this can be used to inform this section of the plan.

My Views, Interests, Hopes and Dreams

About Me:

What is Important to Me:

What I like to do

My Family

My plans, hopes and dreams for the future

This might include education, leisure, health, friendships, further education, and preparation for adulthood, university and employment. In here, you should also include ways in which you feel you could be supported to achieve your aspirations

For Employment

For Health

For Living Independently

For my Social Life

Things you need know about me

My Employment needs

I need help for....

Who helps me?

My Health needs

I need help for....

Who helps me?

My Independent Living Needs

I need help for....

Who helps me?

My Social Needs (Friends and relationships)

I need help for.....

Who helps me?

My Parents/carers views

*What is working well?
For Employment and independence
(Communication, learning, social,
emotional and/or physical)*

Does anything need to change?

*What is working well?
For Health
(Including diagnosis)*

Does anything need to change?

*What is working well
For independent living needs*

Does anything need to change?

*What is working well?
For social needs*

Does anything need to change?

Any other information the family would like to share?

My Parents/carers Aspirations for My Future

Outcomes

Employment

Health

Independent Living

Social (friends and relationships)

Any other information

My Education so far					
Name and address of school and college	Date Started	Date left	Reason for leaving	% Attendance	No. of staff
My current school or college			How do I get to school or college now		

My Achievements
GCSE results or relevant accreditation
Foundation or level ½ course
Pre entry/entry levels/pivot levels

Section B

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

My Special Educational Needs	
Cognition and Learning	
Social, Emotional and Mental Health Difficulties	
Sensory/Physical	
Communication and Interaction	
Independence and Self help	

Section C

This section sets out the health care needs that have been identified for the young person which are related to their SEN

My Health

Section D

This section sets out the social care needs that have been identified for the young person in relation into their SEN.

My Social Care

Section E: Outcomes

Set out here, a list of outcomes sought for the young person. The detail to achieve these outcomes will be outlined on the following tables in section F.

*As the young person is in year 9 or above, this section **must** include the provision required by the young person to assist in preparation for adulthood and independent living. For example support for finding employment, housing or participation in society. This must relate directly to the aspirations highlighted by the young person and the beginning of this plan.*

Outcomes Sought	Timescales to Achieve

Section F: Education Provision to Meet the Outcomes

Cognition and learning

Outcomes to be achieved		
What support do I need to achieve my outcomes?	Who is going to provide the support?	How often is the support going to be provided and when will it be reviewed?

Social, Emotional and Mental Health Difficulties

Outcomes to be achieved		
What support do I need to achieve my outcomes?	Who is going to provide the support?	How often is the support going to be provided and when will it be reviewed?

Communication and Interaction

Outcomes to be achieved		
What support do I need to achieve my outcomes?	Who is going to provide the support?	How often is the support going to be provided and when will it be reviewed?

Sensory/Physical

Outcomes to be achieved		
What support do I need to achieve my outcomes?	Who is going to provide the support?	How often is the support going to be provided and when will it be reviewed?

Independence and Self Help

Outcomes to be achieved		
What support do I need to achieve my outcomes?	Who is going to provide the support?	How often is the support going to be provided and when will it be reviewed?

Section G: Health Provision to Meet Identified Outcomes

This section sets out any health provision reasonably required by the learning difficulties or disabilities which would result in the child/young person having SEN.

*As the young person is in year 9 or above, this section **must** include the provision required by the young person to assist in preparation for adulthood and independent living. For example support for finding employment, housing or participation in society. These must directly relate to the young person's aspirations outlined in the plan*

Outcomes to be achieved		
What health support do I need to achieve my outcomes?	Who is going to provide the support?	How often is the support going to be provided

Section I: Education Placement

The name and type of post 16 placement or other relevant placement should be named here. If there is no named provision for this plan, the type of school or other placement attended by the young person should be inserted here.

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

Name of school/college	
Type of school/college	

Any other relevant information

Section J: Education, Health and Care Plan Resource Sheet

Where there is a personal budget allocated to resource some or all of the needs identified in this plan, the totals **must** be inserted below. The agreed and signed off support plan outlining the detailed spending plans of the personal budget **must** also be attached to this plan.

Education					
Arrangements, notional or direct payment	Outcomes needing additional resource	Education Support Arrangements	Funding Source	Proposed Allocation	Date of Agreement
			Total	£	

Health					
Arrangements Notional or direct payments	Outcomes needing additional resource	Health Support Arrangements	Funding Source	Proposed Allocation	Date of Agreement
			Total	£	

Social Care					
Arrangement Notional or direct payment	Outcomes needing additional resource	Care Support Arrangements	Funding Source	Proposed Allocation	Date of Agreement
			Total	£	

Insert Personal Budget/Direct Payment Support Plan Where Relevant

Section K: Advice and Information

*The advice and information gathered during the education, health and care needs assessment **must** be attached in appendices). There should be a list of advice and information.*

To be developed as Appendix A:

Review form, with front page for child and parent/carers re what has worked/not worked re the implementation of the plan.