



HEREFORDSHIRE COUNCIL  
EDUCATION, HEALTH AND SOCIAL CARE PLAN FOR

**(Name of Child/Young Person)**

Name of Child/Young Person
I like to be known as
&
Option of Photo

Start of Plan		Plan Number	
Date of last review		The Plan will be reviewed on	

**My Plan on a page**

Key Actions	Who is responsible for making it happen?	When will it happen?

## Key Information

Name		Date of Birth		Gender	
Unique Pupil Number		NHS Number			
First Language		Parents/Carers First Language			
Religion		Ethnicity			
Home Address					
Parent/carers name[s]					
Telephone/Mobile Number		Email address			
Parental Communication Preference					
GP's Name and Address		GP's Telephone Number			

Is there a known Additional Need or Disability?		Y/N			
Name and date of any diagnoses/identified		Identified/diagnosed by			
Any medication being used					
Any statutory or legal measures in place e.g. Care Order					
Details of any other plans about me					

**These are my family members and other people who are important to me**

Name	Relationship to me	Why they are important to me	Address and Email	Telephone Numbers

**These are the people I need to help me**

Name	Role	Address and Email	Telephone Numbers

(Section A) **One Page Profile** including views and aspirations for paid employment, independent living and community participation

My history	
What people like and admire about me	What is important to me
How best to support me including how to communicate with me	My hopes and dreams

(Section E) **Desired Outcomes** including, as appropriate, outcomes for adult life and arrangements for setting shorter term targets by the education setting or training provider

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**Arrangements for reviewing the Plan**

**Forward Plan** - actions that need to happen in the future e.g. transition planning, change of school, or possible future support

What support is needed in the future?	What does this support look like?	Who will make this happen?	When will this happen?	Who will pay?

(Section B) **Special Educational Needs (SEN)**

Cognition and Learning

Communication and Interaction

Emotional, Social and Behavioural Development

Sensory and/or Physical

(Section F) **SEN Provision**

Outcome	Provision	Cost	Provided by	Commissioned by
	<ul style="list-style-type: none"><li>•</li><li>•</li></ul>			

Outcome	Provision	Cost	Provided by	Commissioned by
	<ul style="list-style-type: none"><li>•</li><li>•</li></ul>			

Outcome	Provision	Cost	Provided by	Commissioned by
	<ul style="list-style-type: none"><li>•</li><li>•</li></ul>			

Outcome	Provision	Cost	Provided by	Commissioned by
	<ul style="list-style-type: none"><li>•</li><li>•</li></ul>			

(Section C) **Health Needs** related to the SEN described above

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(Section G) **Health Provision** including, where appropriate, an individual Health Care Plan

Outcome	Provision	Provided by	Commissioned by
	<ul style="list-style-type: none"><li>•</li><li>•</li></ul>		

Outcome	Provision	Provided by	Commissioned by
	<ul style="list-style-type: none"><li>•</li><li>•</li></ul>		

Outcome	Provision	Provided by	Commissioned by
	<ul style="list-style-type: none"><li>•</li><li>•</li></ul>		

(Section D) **Social Care Needs** related to the SEN described above

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(Section H1) **Social Care Provision** which must be made for a child or young person under 18 as a result of section 2 of the Chronically Sick and Disabled Persons Act 1970

Outcome	Provision	Provided by	Commissioned by
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Outcome	Provision	Provided by	Commissioned by
	•		

Outcome	Provision	Provided by	Commissioned by
	•		

(Section H2) **Other Social Care Provision** required as a result of the SEN described above including any community assets

Outcome	Provision	Provided by	Commissioned by
	•		

Outcome	Provision	Provided by	Commissioned by
	•		

Outcome	Provision	Provided by	Commissioned by
	•		

(Section J) **Personal Budget** including arrangements for direct payments

Education

What is the support?	Cost of providing this support?	Who is responsible for funding?	Direct payment or purchased on my behalf?

Health

What is the support?	Cost of providing this support?	Who is responsible for funding?	Direct payment or purchased on my behalf?

Social Care

What is the support?	Cost of providing this support?	Who is responsible for funding?	Direct payment or purchased on my behalf?

(Section I) **Placement** (the name and type of the educational setting)

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Funding including Top Up

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Transport Provision

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**We agree with the contents of this Plan**

Signed

Date

Signed

Date

Parent/Carer  and/or Child/Young Person

Name	Role	Signature on behalf of Herefordshire Council	Date

(Section K) **Advice and Information** gathered during the EHC needs assessment

No.	Information used	Who wrote it?	Date

**Advice and Information** gathered subsequently

No.	Information used	Who wrote it?	Date