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**SUMMARY OF ASSESSMENT**

PHOTO

**Name: «Child\_Forename1» «Child\_Surname»**

**Preferred name:**

**Date of birth: «ChildDOB»**

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| --- | --- | --- | --- |
| **Details and contacts** | | | |
| A picture containing textDescription automatically generated**Name** | «Child\_Forename1» «Child\_Surname» | | |
| **Preferred name** |  | | |
| **Date of birth** | «ChildDOB» | **Preferred gender pronouns are (e.g. he/she/they)** |  |
| **Address** | «Child\_Add1»  «Child\_Add2»  «Child\_Add3»  «Child\_Add4»  «Child\_Add5»  «Child\_Add6»  «Child\_PCode» | | |
| **Phone number** | «ParentMobile» | **Synergy reference number** | «Child\_Id» |
| **Ethnicity** | «Child\_Ethnicity» | **Religion** | «Child\_Religion» |
| **People with parental responsibility** |  | | |

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| **Parent / carer details** | | |
| **Name of parent/carer** | **Address** | **Phone number(s) and email address** |
| «Parent\_Title» «Parent\_Fname» «Parent\_Sname» | «ParentAddr1»  «ParentAddr2»  «ParentAddr3»  «ParentAddr4»  «ParentAddr5»  «ParentAddr6»  «ParentPcode» | «ParentTel»  «ParentEveningTel»  «ParentMobile»  «ParentEmail» |
|  |  |  |
| **Who «Child\_Forename1» lives with** |  | |

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| IconDescription automatically generated**EHC plan lead agency contact details** | | | | |
| **Education contact(s)** | | | | |
| **Name** | **Job title** | **Address** | **Telephone no.** | **Email** |
| «Caseworker» | SEND Case Officer | BCP Council | 01202 128880 | «Case\_Email» |

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| **Health contact(s)** | | | | |
| **Name** | **Job title** | **Address** | **Telephone no.** | **Email** |
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| **Social Care contact(s)** | | | | |
| A Social Worker is currently involved, and this is the plan: | | | | |
| Assessment | | ☐ | | |
| Child in Need Plan | | ☐ | | |
| Child Protection Plan | | ☐ | | |
| Looked After Child – legal status | | ☐ | | |
| (i.e. Sec 20, orders) | |  | | |
| No Social Worker | | ☐ | | |
| Support from Early Help | | ☐ | | |
| **Name** | **Job title** | **Address** | **Telephone no.** | **Email** |
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| **When «Child\_Forename1» is 16,** **they should be involved in choices about their future and about their EHC Plan** | | |
| Parent/carer to support with the EHC Plan | Yes ☐ | No ☐ |

|  |  |  |
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| **Support for «Child\_Forename1» from someone who is not a parent/carer to help with the EHC Plan:** | | |
| **Name** | **Address** | **Telephone Number(s) and Email address** |
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| **Contents** |
| A picture containing diagramDescription automatically generated |
| **Section A** |
| Details and contacts  One Page Profile  All about me |
|  |
| **Sections B, E, F (Strengths, needs, outcomes and provision)** |
| How «Child\_Forename1» thinks, learns and processes information\*  How «Child\_Forename1» communicates and understands others\*  How «Child\_Forename1» feels and manages their emotions and get on with others\*  «Child\_Forename1»'ssensory and physical abilities and needs\*  (\*Including preparing for adulthood) |
|  |
| **Section C** |
| Health needs and possible diagnoses |
|  |
| **Section D** |
| Care needs |
|  |
| **Section G** |
| What help is needed from health to achieve outcomes |
|  |
| **Sections H1, H2** |
| What help is needed from Care services to achieve outcomes |
|  |
| **Section I** |
| Arrangements for review of EHC plan  Educational Placement |
|  |
| **Section J** |
| The resources that will support «Child\_Forename1» |
|  |
| **Section K** |
| Appendices |

***One Page Profile page insert here***

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| **All about «Child\_Forename1» and their views**  Section A1 |
| **This information was provided by «Child\_Forename1» and by XXXX / with the help of XXXX** |
| **«Child\_Forename1»'s story** |
|  |
| **«Child\_Forename1»'s views** |
|  |
| **What «Child\_Forename1» wants in their future** |
| Education, training and employment:  Having friends and relationships:  Community and activities:  Living as independently as possible:  Being as heathy as possible: |
| **How to communicate with «Child\_Forename1»** |
|  |
| **How «Child\_Forename1» needs to be supported to be heard and to take part in decision making** |
|  |
| A picture containing textDescription automatically generated**What «Child\_Forename1» would like to achieve** |
| **The plan outcomes are:** |

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| **Parent’s or carer’s views**  Section A2 |
| **Family and people who care about «Child\_Forename1»** |
|  |
| **What «Child\_Forename1»'s family want for them now** |
|  |
| **What «Child\_Forename1»'s family want for them in the future** |
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| **Summary of «Child\_Forename1»'s Special Educational Needs**  Section B |
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| **How «Child\_Forename1» thinks, learns and process information**    Cognition and Learning | |
| **What «Child\_Forename1» can do**  Section B | |
|  | |
| **What «Child\_Forename1» has difficulty with**  Section B | |
|  | |
| **What «Child\_Forename1» would like to be able to do**  Section E | |
| **By DATE «Child\_Forename1» will be able to:** | |
| **Preparing for Adulthood:** Outcomes for Education, Training and Employment | |
|  | |
| **What help will be provided?**  A picture containing text, night skyDescription automatically generated | * **Who will deliver and monitor the support?** * **Frequency and timing of support?**   Section F |
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| **How «Child\_Forename1» communicates with and understands others**  Communication and Interaction | |
| **What «Child\_Forename1» can do**  Section B | |
|  | |
| **What «Child\_Forename1» has difficulty with**  Section B | |
|  | |
| **What «Child\_Forename1» would like to be able to do**  Section E | |
| **By DATE «Child\_Forename1» will be able to:** | |
| **Preparing for Adulthood:** Outcomes for developing friends and relationships | |
|  | |
| **What help will be provided?** | * **Who will deliver and monitor the support?** * **Frequency and timing of support?**   Section F |
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| **How «Child\_Forename1» feels and manages their emotions and gets on with others**  Social, Emotional and Mental Health | |
| **What «Child\_Forename1» can do**  Section B | |
|  | |
| **What «Child\_Forename1» has difficulty with**  Section B | |
|  | |
| **What «Child\_Forename1» would like to be able to do**  Section E | |
| **By DATE «Child\_Forename1» will be able to:** | |
| Icon  Description automatically generated**Preparing for Adulthood:** Outcomes for developing friends and relationships and being part of the community | |
|  | |
| **What help will be provided?** | * **Who will deliver and monitor the support?** * **Frequency and timing of support?**   Section F |
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| **«Child\_Forename1»'s sensory and/or physical needs**    Sensory and/or Physical | |
| **What «Child\_Forename1» can do**  Section B | |
|  | |
| **What «Child\_Forename1» has difficulty with**  Section B | |
|  | |
| **What «Child\_Forename1» would like to be able to do**  Section E | |
| **By DATE «Child\_Forename1» will be able to:** | |
| Icon  Description automatically generated with medium confidence**Preparing for Adulthood:** Outcomes for living as independently as possible. | |
|  | |
| **What help will be provided?** | * **Who will deliver and monitor the support?** * **Frequency and timing of support?**   Section F |
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| **«Child\_Forename1»'s Diagnoses** | |
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| **«Child\_Forename1»'s Health Needs**  Section C | |
| **What is working well with health:**  **How health needs impact on life and what it means from day to day:**  **Additional health information (e.g. current assessments or investigations):** | |
| **What «Child\_Forename1» would like to be able to do:**  Section E | |
| **By DATE «Child\_Forename1» will be able to:** | |
| **Preparing for Adulthood:** Outcomes for Health and Wellbeing | |
|  | |
| **What help will be provided?** | * **Who will deliver and monitor the support?** * **Frequency and timing of support?**   Section G |
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| **«Child\_Forename1»'s Care Needs**  IconDescription automatically generatedSection D | |
| **What this means from day to day:**  **How this affects access to learning:**  **Life Skills – Preparing for Independence:** | |
| **What «Child\_Forename1» would like to be able to do:**  Section E | |
| **By DATE «Child\_Forename1» will be able to:** | |
| **What help will be provided?**  **H1: all services assessed as being needed for a disabled child or young person under 18, under section 2 of the Chronically Sick & Disabled Persons Act (CSDPA) 1970. These services include: practical assistance in the home provision or assistance in obtaining recreational and educational facilities at home and outside the home:** | * **Who will deliver and monitor the support?** * **Frequency and timing of support?**   Section H1 |
|  |  |
| **What help will be provided?**  **H2: services which are not provided under Section 2 of the CSDPA. For children and young people under 18 this includes residential short breaks and services provided to children arising from their SEN but unrelated to a disability. This should include any provision secured through a social care direct payment.**  A picture containing textDescription automatically generated | * **Who will deliver and monitor the support?** * **Frequency and timing of support?**   Section H2 |
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| **Arrangements for review of the EHC plan** | |
| The setting will draw up a support plan in consultation with «Child\_Forename1»'sparents/carers and the agencies that contributed to this Plan. It will include short term targets and the strategies to meet them. It will also describe how the special educational provision will be arranged.  The support plan will be reviewed at least twice a year and amended when appropriate.  There will be close liaison between the setting and home to ensure any difficulties are addressed as soon as they occur.  For those under the age of 5yrs, a full review should be held within six months of the issue of this Plan and then every subsequent six months until their 5th birthday. Thereafter a full annual review should be held every twelve months.    A full review should be held within twelve months of the issue of the education, health and care (EHC) plan and at least every twelve months thereafter. The review can be held sooner if there are serious concerns about «Child\_Forename1»'sprogress.  The review must take account of «Child\_Forename1»'sviews, wishes and feelings. At the Annual Review in Year 9 and thereafter, consideration should be given to preparation for adulthood and independent living. At the review «Child\_Forename1»'sprogress towards the outcomes will be considered.  A copy of the completed review report will be sent to the Local Authority within 10 days of the meeting. The Local Authority must make a decision within four weeks of the review whether to maintain, amend or cease a plan or whether a re-assessment of need is appropriate. | |
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| **Educational Placement**  Section I | |
| Name of setting (school, college, training provider) |  |
| Type of setting |  |

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| **The resources that will support «Child\_Forename1»**  Section J |
| **1. Personal Budget** |
| This section provides information on any Personal Budget that will be used to secure provision in the education, health and care (EHC) plan and to meet the outcomes detailed. |

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| **Has a Personal Budget been agreed?** | **Yes** |  | **No** |  |
| Provision | **Personal Budget Value** | | | |
|  |  | | | |
| **Total personal budget:** |  | | | |

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| --- | --- | --- |
| **2. SEND funding arrangements:** | | |
|  | Notional Budget | £ |
| Top Up | £ |
| **Education Total** | **£** |
| Health Total | **Health Total** | **£** |
| Social Care | **Social Care Total** | **£** |

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| **People who contributed to «Child\_Forename1»'s Education, Health and Care (EHC) Plan during the EHC Needs Assessment**  Section K1 | | | |
| IconDescription automatically generated**Their Name** | **Who they are** | **Name of the report they wrote** | **Date of the report** |
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| **People who have contributed to «Child\_Forename1»'s Education, Health and Care (EHC) plan since the last EHC assessment**  Section K2 | | | |
| **Their Name** | **Who they are** | **Name of the report they wrote** | **Date of the report** |
|  |  |  |  |

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| **EHC Plan** | **Date issued** |
| Draft | DD/MM/YY |
| Final | DD/MM/YY |
| **Name of SEND Case Officer who**  **drafted or amended this EHC plan:** |  |

|  |  |
| --- | --- |
| **Authorising Education Officer** | **Health/Social Care** |
| Signed | Signed |
| Name | Name |
| The Annual Review will held no later than (please specify a date using DD/MM/YYYY) |  |

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| In accordance with the Children and Families Act 2014, the statutory education, health and care (EHC) plan is made by Bournemouth, Christchurch and Poole (BCP) Council ('the education authority') and the Dorset NHS Clinical Commissioning Group ('the health authority') in respect of «Child\_Forename1» «Child\_Surname» whose particulars are set out in this document. |

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