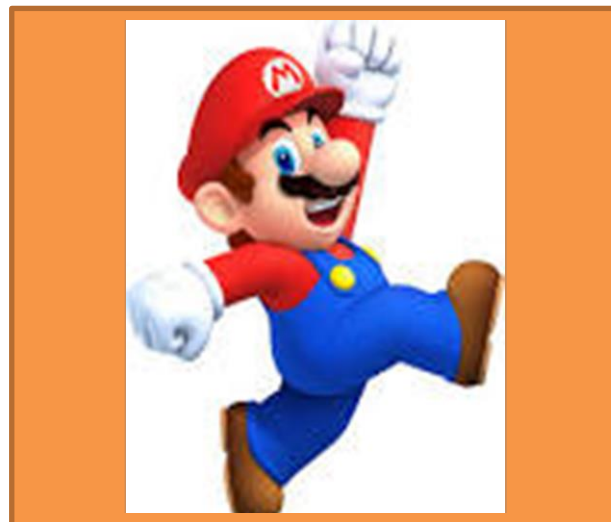


XXXX's Plan

Education, Health and Care Plan



This plan has been put together to help me to progress towards the things that are important to me now and for my long term future.

The information in this plan is confidential but I am happy for all or parts of the plan to be shared with the people that need to know the information to help me.

Date plan starts	1 September 2015
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SECTION A – Profile

1. Contact details

First name	XXXXX	Surname	XXXXXX
Date of Birth	01.02.03	Gender	Male
My address	1234 High Street London, N1 1AB		
Tel	0207 123 4567	Mobile	
Email	Not stated		
Ethnicity	Black Caribbean	Home Language	English

Parent			
First name	XXXX	Surname	XXXXXX
Address (if different from above)	As above		
Tel	As above	Mobile	079123 4567
Email	xxx.xxx@yahoo.com		

The following profile sets out the views of XXXX and Ms XXXXX (mother). Where the views are specifically those of another person they are shown in “quotation marks”.

Indicate all that apply

- ☐ the child has led on the development without parental input
- ☒ the child has led jointly with parents
- ☒ the child has contributed directly, e.g. in conversation with professional/parent or via email, verbally, with sign language or other communication method
- ☒ the child has contributed through the interpretation of people who know him well

2. My one page profile

My name is: XXXXX



What people like and admire about me...

- I can make ham sandwiches.
- I am kind and gentle.
- I am well-mannered and I speak nicely to others.
- I am caring.
- I work hard and try my best.
- I am working hard to make friends.
- I am improving my confidence.
- I am becoming more adaptable to change.
- I enjoy laughing and have a good sense of humour.

What's important to me...

- Using a visual timetable to help me understand and know what is going to happen.
- Knowing where I am going and what is happening on a daily basis helps me to feel comfortable.
- Giving me extra time to complete activities like homework; prevents me from feeling stressed.
- Remembering my medication: Aripiprazole to control aggressive behaviour, Circadin (melatonin) for sleep, and Omeprazole for reflux.

I like...

- Playing computer games on my tablet like Mario and Candy Crush.
- Watching Mr Bean and Tom and Jerry.
- Eating Chips and Bread.
- My Teddy.
- Playing football.

I do not like...

- When I don't know what's going to happen it makes me nervous and anxious, especially transiting to new places or situations.
- Shopping. (of any kind)
- Loud/ Sudden noises.
- Science because it is very hard.
- Music because I get confused and it is too loud.
- Not knowing what page to start on.
- Being tired.
- Forgetting my reading record or my homework.

How best to support me...

- Know that I have autism; and help me to understand my autism.
- Using timetables and giving a verbal timetable of the day including any changes.
- Use visual prompts including using independent signage to signal my own needs in class.
- Working in small groups.
- Working within the Functional Skills group to support my independence in 'real life' situations (cooking, shopping, planning, art work).
- My anger might cause me to lash out or hurt another individual.

2. How I communicate and make decisions

How I communicate

- I am beginning to enjoy using my three point scales to communicate my feelings but I prefer The Wheel.
- I can explain to my close carers what my feelings are by facial gestures and I can answer 'Yes' 'No' questions about my feelings.
- I apologise to Shirley (my primary school support) when my anger might cause me to lash out or hurt another individual.
- I enjoy using the symbolic cards in class to express my wants and needs.
- Sometimes I prefer to write down how I feel on a whiteboard.
- I point out my needs and wants.
- I often use a quiet voice for talking, which can make it difficult to understand me, remind me to speak up.
- I am able to remind others what needs to be done.
- I get nervous when I forget things like my homework and think I might get in trouble. My face feels tight and I might bite my hand.
- When I am around my siblings, I can show affection and I use an appropriate level of touch.
- When I am angry, I can lash out.
- When I am scared I have done something wrong, I feel angry and I might cry.
- When I am upset, I cry.

What you can do to support me to communicate and make decisions

- Using The Talkabout book provided by The Bridge Outreach team to help develop my communication skills.
- Working with other children my own age to develop good communication and listening skills.
- Developing my understanding of 'why' questioning using visual support, linking to inference and understanding the feelings of others.
- Support me through small groups for Speech and Language skills.
- I continue to need support in all areas of learning, including various interventions to help with my excessive anxiety and panic that I experience at school.
- Work needs to be continually meaningful and appropriate in order to help reduce my anxiety around work.
- Encourage me to ask further questions if I have not understood.
- Engage me with functional skills for opportunities to practice skills like now and next.

4. My story so far

My history

- I was born at the XXXX and I live in London.
- I started at ABC Nursery in September 200X and later I moved to DCR Primary School in January 2009.
- I was given a diagnosis of autism spectrum condition (ASC) when I was 4. Since then I have received input from the Speech and Language Therapy Service, Dietetics, Occupational Therapy, The Bridge Outreach Service and the Child and Adolescent Mental Health Service (CAMHS).
- I have a history of reflux, causing me to be sick. I can react to citrus fruits and spicy foods.

Who is in my family

- I live at home with my mum, XXX; my older brother, XXXX; and younger sister, XXXX.
- I like being the middle child and can show affection towards them both, and interact with them.
- We are all very close and will sometimes lie down together on the trampoline and hug.
- Me and XXXX engage in physical banter as brothers do. Sometimes XXXXI teases me by hiding my teddy and in turn I hide the teddy to prevent this.
- I can get very excited at the end of the school day when I see mum arriving to collect me.
- I can show affection towards her more now and will be very tactile, loving, cuddling and lying up against her.
- I often help to feed my little sister.

Other people who are important to me

- XXXX is my support at primary school, she means a lot to me as she helps me with everything.
- My friend in primary is XXXXX; I only see him at school.
- I like other children who invite me to join in their games at lunchtime or who spend time in my company.

What I am good at and my achievements

- I am really good at Mathematics and reading.
- ICT.
- Making 3D models in school and art and craft activities.
- My wreath that was made to commemorate WW1 was shown in the whole school assembly.
- Easter Hat parade, I enjoyed making the stuff and joining in with the parade, I still have my hat.
- Baking – I like the texture of the flour and licking the spoon. Me and my mum cook a few times a week, I enjoy eating the result, especially rock cakes.

My dreams and aspirations for the future

- “To feel less anxious at school, to reduce my anxiety around work and to remain calm more often” – parent.
- “To have a positive transition into Secondary School” – parent.
- “For a school which will provide a holistic and personal approach to his learning and needs” – parent.

|

SECTION B – Special Educational Needs

Summary of strengths and difficulties for the person and the family

XXXX has a diagnosis of severe autistic spectrum condition (ASC) and experiences difficulties with learning, communication, social interaction and emotional literacy skills, behaviour and sensory processing skills.

Cognition and learning

- XXXX demonstrates a good understanding of what he has read and is able to locate information within a text. He can write about his experiences to show his understanding and his writing is becoming livelier. He uses a range of forms and sustains his ideas.
- XXXX enjoys maths and is beginning to discuss his work using mathematical language. He is starting to use his understanding of place value to multiply and divide whole numbers, and can recognise common 2D and 3D shapes.
- In December 2013, XXXX was working at National Curriculum level 2a in reading, level 2b in writing and level 3c in maths.
- XXXX is able to attend appropriately in individual and small group settings.
- XXXX is motivated to work in the classroom, but can find it difficult to concentrate on tasks and carry out activities independently. However, he can work increasingly independently for short periods of time using a timer and a reward activity.
- XXXX can spontaneously use a strategy of verbal rehearsal to help him retain and recall information.
- XXXX always tries his hardest to do the right thing and does not like to make mistakes.

Communication and interaction

- XXXX can describe items using a range of simple vocabulary and phonetic elements, such as the first sound of the word.
- XXXX experiences word-finding difficulties and benefits from being given two choices when unsure.
- XXXX struggles to use more complex grammatical structures in his sentences and often uses learnt phrases or echolalic speech.
- XXXX often uses a quiet voice when speaking, which can make it difficult for others to hear him.
- XXXX expressive language skills are a relative strength, which means that he may appear to understand more language than is the case.
- XXXX can follow instructions with a few key words most of the time, but has difficulty understanding concepts and following longer or more complex directions.
- XXXX struggles to understand a range of vocabulary.
- XXXX does not always ask for clarification if he has not understood the instruction and needs encouragement to do so.
- XXXX uses gesture to support his communication. He makes good use of eye contact when speaking with adults. He can display appropriate body language, such as sitting up straight and leaning forward to engage with a task.
- XXXX can participate in simple conversational exchanges with peers when supported by an adult. Recently he has been interacting with other children independently. This has been successful when the other children are aware of XXXX communication skills and tailor their interactions accordingly.

Social, emotional and mental health needs

- XXXX can work alongside other children in his class with adult support, and is happy to run around at break time.
- XXXX is socially accepted by his peers who are supportive of his communication difficulties, although they can sometimes get frustrated with him when he does not understand or follow the rules of a game.
- XXXX limited understanding of language and social communication skills mean that he is at risk of social isolation in the classroom and more vulnerable in the wider world.
- XXXX is able to identify a range of emotions that people might be feeling and is able to recognise and label some emotions in himself, but he struggles to apply verbal reasoning skills to explain why they feel that way or what could be done.
- XXXX suffers with high anxiety which is connected to very challenging behaviour across settings and is exacerbated by change and transition. He takes medication to reduce his anxiety with some benefit.
- XXXX is not yet consistently able to identify scenarios that make him feel calm, anxious or out of control, or to link these feelings to his outward behaviours.
- At home, his behaviour can be aggressive and threatening, he can also display similar outbursts at school but they are less frequent.
- XXXX is becoming increasingly mature and gradually more able to cope with transitions in school, but he needs to work on accepting responsibility for his own actions. Wider transitions are still more challenging for him.
- XXXX lacks confidence and gets anxious about the possibility of making a mistake. He can become anxious in the classroom if the work he is given is too difficult, or if he thinks he cannot finish it.
- XXXX can become focused on making mistakes and lacks motivation without frequent encouragement and reassurance from the adults supporting him.
- XXXX finds it difficult to make simple decisions by himself and relies on adults for support.

Sensory and/or physical needs

- XXXX has age-appropriate gross and fine motor skills.
- XXXX self-help skills are emerging in some areas. He is able to feed himself independently at school using adapted 'caring' cutlery. He uses the toilet independently at school, however requires assistance for personal hygiene at home.
- XXXX has a high level of sensory needs related to autism. He is particularly sensitive to sounds and will cover his ears and scream at loud noises.
- XXXX does not like to be touched and is particularly sensitive to light touch, which can result in his reactions to some situations being unpredictable and him seeking input to help calm down his sensitivity.
- XXXX is generally able to manage his sensory processing needs with environmental supports in place, including use of a "move-n-sit cushion", access to an oral-sensory motor chew toy at all times, and with movement breaks. With these environmental supports in place he does not experience excessive frustration or disruptions in his behaviour related to sensory overload.
- XXXX has a history of difficulties with hearing skills and has received input from the XXXXXX Hearing and Speech Centre.
- There are no concerns about his vision.

SECTION C – Health Needs

Summary of strengths and difficulties for the child / young person and the family

XXXX has a diagnosis of severe autistic spectrum condition (ASC).

SECTION D – Social Care Needs

Summary of strengths and difficulties	The impact of these difficulties on the child / young person and family
D1 Which relates to the child / young person's SEN	
<ul style="list-style-type: none"> • XXX is a happy, charming and likeable young man. He is adventurous, imaginative, fun and helpful. • XXX likes to take part in sports and Ms XXXXX is keen for XXXX to do physical exercise to help him lose weight. 	<ul style="list-style-type: none"> • XXXX will develop confidence and independence. • XXXX will maintain a healthy lifestyle and control his weight.
<ul style="list-style-type: none"> • XXXX can display challenging behaviour and often presents as being in a state of high anxiety. <ul style="list-style-type: none"> ○ this is predominantly at home ○ when separating from Ms XXXX ○ when there are changes in his routine ○ when he lacks confidence 	<ul style="list-style-type: none"> • This has had a negative effect on the home environment and puts a strain on XXXX relationships with his family. • XXX behaviour at home is hard to manage and risks isolating him and his family. • he can become easily stressed by the prospect of short term and long term changes. • XXX needs to have consistency in the activities he takes part in to avoid triggers.
<ul style="list-style-type: none"> • XXXX has been linked in with CAMHS for a number of years to help manage his anxiety and challenging behaviour. • The family have tried several different techniques for managing XXXXX behaviour and mum has attended seminars and training. 	<ul style="list-style-type: none"> • When XXXX is stressed he can exhibit self-harming behaviour. This includes: <ul style="list-style-type: none"> ○ punching his head ○ scratching his face ○ biting his wrists • this can be because: <ul style="list-style-type: none"> ○ his demand is not immediately met ○ he cannot immediately be understood ○ not always a reason
<ul style="list-style-type: none"> • XXXX has a healthy diet but that he can become obsessive when it comes to carbohydrates (especially bread). 	<ul style="list-style-type: none"> • XXXX is overweight for his age and he consumes a high amount of bread. • XXXX needs to be encouraged to eat healthily.

<ul style="list-style-type: none"> XXXXoften has difficulty sleeping despite taking Melatonin. 	<ul style="list-style-type: none"> XXXX disruptive sleep patterns can lead to him feeling tired in the mornings and may contribute to him displaying challenging behaviour. XXXX will go to bed when he wants to. Ms XXXXX has tried to introduce a routine but reports that this has proved ineffective.
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D2 Other Social Care needs

There are no other identified needs at present.	
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SECTION E – Goals and Outcomes

Agreed Priority	Goals / outcomes for education, health and care (medium term goals)
1	<p>To develop my learning, literacy and numeracy skills, so that I can:</p> <ul style="list-style-type: none"> increase my knowledge and understanding of mathematical concepts and be able to apply this to a range of maths activities increase my vocabulary to use more complex grammatical structures in my written sentences manage when I do not get things correct make choices with more than two options develop functional skills for life continue to make progress in my learning while coping with the extra demands of secondary school.
2	<p>To build on my positive attitude to learning and continue to develop my listening, attention and concentration skills, so that I can:</p> <ul style="list-style-type: none"> concentrate on tasks and carry out activities in larger groups and whole class settings retain and recall information at a faster pace ask for clarification if instructions are not understood focus on tasks for a whole lesson carry out tasks in lessons with minimum support from an adult work towards completing some activities independently.
3	<p>To develop my language and communication skills, so that I can:</p> <ul style="list-style-type: none"> communicate a wider range of ideas through increased vocabulary use appropriate language with context to the conversation be confident and use the right voice volume for different interactions use a range of vocabulary outside of my own interest

	<ul style="list-style-type: none"> ask for clarification if I have not understood the instruction I need to follow.
4	<p>To develop my social interaction skills, so that I can:</p> <ul style="list-style-type: none"> develop an increased understanding of social situations start and maintain conversations and interactions with others understand and follow the rules of games improve my social problem solving skills understand and form friendships in a new school environment with a variety of other people.
5	<p>To develop my behaviour and emotional literacy skills, so that I can:</p> <ul style="list-style-type: none"> explain my own feelings of anxiety and understand how these affect my actions have an understanding of my own and others' emotions, and be able to explain how I feel identify scenarios that make me feel out of control and strategies to avoid outward behaviours manage my escalation of feeling stressed at times of transition and challenges in my routine engage confidently in a range of activities both with and away from my family.
6	<p>To develop my sensory skills and appropriate responses, so that I can:</p> <ul style="list-style-type: none"> allow being touched and know how to react tolerate different sounds without having to cover my ears maintain a calm, alert state throughout the school day know how to seek help to calm down to avoid unpredictable reactions feel calm when my anxiety is out of control join in safely with others.
7	<p>To develop my self-help and independence skills so that I can:</p> <ul style="list-style-type: none"> make healthy food choices with fewer carbohydrates in my diet do physical exercise to help me control my weight have good sleep patterns and feel less tired in the mornings.

These goals/outcomes will be used to write my EHCP Support Plan (Appendix A) for the next phase of my education.

The EHCP Support plan contains: short term goals; how progress and success will be measured; by whom and when, resources needed and who provides them; the arrangements for implementing the support plan; details of any personal budget used to help deliver the plan; a risk assessment.

The progress towards these medium and short term outcomes/goals will be reviewed at least annually and will be used to monitor and review the progress towards my future goals, plans and aspirations.

SECTION F – Special Education Needs Provision

Support available in addition to the local offer	Where the resources are coming from
<p>Outcome 1 literacy and numeracy skills</p> <ul style="list-style-type: none"> Structured, small step programmes to develop his learning skills, including opportunities to learn literacy and numeracy through practical and multi-sensory approaches which incorporate plenty of repetition and revision of new skills and concepts. Continued use of a phonics programme which will need to be highly structured, systematic, little and often and use graphic representation, allowing time for reinforcement and generalisation. A curriculum that focusses on practical and visual resources. A highly differentiated curriculum, using a multi-modal teaching approach to ensure the learning is engaging and stimulating. Teaching from an appropriate adult with experience of teaching children with autism. Opportunities are identified for him to participate in learning that is practical and based on real life experiences. <p>Outcome 2 listening, attention and concentration skills</p> <ul style="list-style-type: none"> Strategies to develop XXXX attention and concentration skills, such as the use of hands-on learning material, teacher modelling and demonstration, and visual aids such as photos and symbols, whilst taking into account his sensory needs. Education in a structured, supportive environment where all staff have an awareness and understanding of XXXX communication and learning needs and where, ideally, each day follows a familiar routine. A structured approach to learning, with reduced distractions and the use of visual support systems as appropriate. His support programme should be developed and implemented with the advice from the Speech and Language Therapist and Occupational Therapist, as appropriate. <p>Outcome 3 language and communication skills</p> <ul style="list-style-type: none"> A language development programme which is drawn up with advice from the Speech and Language Therapist (SLT). In a specialist setting support will be provided from the speech and language resources normally provided within the setting. Year 6: 6 sessions of support during Yr 6 to support, independent working, and conversation skills through direct and indirect work. 	<p>Place funding from Islington Council to the school</p> <p>Place funding from Islington Council to the school</p> <p>From provision normally commissioned by the Islington Clinical Commissioning Group (CCG) and Islington</p>

<ul style="list-style-type: none"> ○ 4 sessions of support targeting secondary transition during the summer term of Yr 6. ○ 3 blocks of direct & indirect SLT support throughout the year. <p>These blocks of support will be used as follows:</p> <ul style="list-style-type: none"> ○ To set specific language targets to be included in XXXX Education, Health and Care Plan. ○ To liaise with XXXX parents regarding current targets and strategies being used and provide advice on supporting communication at home. ○ To model activities in a small group which will then be carried out by a member of school staff and strategies to support language development and differentiation of classroom work. ○ To advise staff on carry out the activities and strategies provided through observation and feedback. ○ To provide reassessment and attendance at annual review minimum once yearly. ○ Provide advice and training for school staff on how to modify the learning environment as appropriate. • Opportunities for small group teaching including specific language and social communication work such as social problem-solving, verbal reasoning skills, and visualising and verbalising. This should be provided 1-2 times a week by school staff. • Year 7: 3 sessions of SAL to support transition and review progress in secondary school. • In a specialist setting SAL support will be provided from the speech and language resources normally available within the school. 	<p>Council</p> <p>And</p> <p>Place funding from Islington Council to the school</p>
<p>Outcome 4 social interaction skills</p> <ul style="list-style-type: none"> • Appropriate whole class/school systems to support XXXX social inclusion, such as Circle of Friends and/or lunch club. • Explicit teaching of social skills that focuses on extending XXXX understanding and knowledge of interaction with others, and developing his attention, turn-taking, sharing and negotiation skills. 	<p>Place funding from Islington Council to the school</p>
<p>Outcome 5 behaviour and emotional literacy skills</p> <ul style="list-style-type: none"> • A sympathetic, structured approach to his behavioural management, with strategies to enable Dylan to feel secure and respond positively to adult direction and routines. • Highly structured routines. • Strategies to develop his awareness, understanding and acceptance of clear boundaries and appropriate behaviours, with opportunities for working in supported small group activities with his peers. 	<p>Place funding from Islington Council to the school</p>

<ul style="list-style-type: none"> • Visual supports required to promote daily functioning and communication throughout the day with increased support at times of transition. • Visual supports to be used to support XXXX in understanding and communicating his emotional wellbeing. • Support emotional literacy as above, but also provide high level of supervision. It is imperative that there is a dedicated member of staff available in school to receive training and consultation required to support XXXX. 	
<p>Outcome 6 sensory skills</p> <ul style="list-style-type: none"> • Strategies to support his sensory needs. • Working with staff with an understanding of sensory processing difficulties and how to support these in a mainstream school environment. • Access to required small sensory aids to support his sensory needs, at all times throughout the school day, including use of a 'move-n-sit cushion', access to oral sensory toys, a therapeutic brush and brushing program and others as required and his needs change in different environments. • Access to a quiet work station or opportunities for quiet time-out with minimal distractions to help to prevent and manage sensory overload. • Supervision during the school day to monitor his participation in activities. • 1 -2 consultative Occupational Therapy sessions to support transition to secondary school, to be completed at his new school. • Additional consultative OT support to be requested as required, to address specific needs as they arise. • Liaison with XXXX caregivers as appropriate to provide advice and model activities to support sensory processing needs. This may be with a qualified Occupational Therapist or therapy assistant, under the guidance of a qualified Occupational Therapist. • Liaison with XXXX school staff as appropriate to provide advice and model recommended activities to develop sensory processing skills, fine motor skills, gross motor skills, handwriting and self-care skills. This may be with a qualified Occupational Therapist or therapy assistant, under the guidance of a qualified Occupational Therapist. • Support will be provided on a consultative basis, as required. • Liaison with caregivers and school staff on how to modify the learning environment as appropriate. This may include recommendation of equipment or small aids. This may be with a qualified Occupational Therapist or therapy assistant, under the guidance of a qualified Occupational Therapist. 	<p>From provision normally commissioned by the CCG</p> <p>And</p> <p>Place funding from Islington Council to the school</p>

SECTION G – Health Needs Provision

Support available in addition to the local offer	Where the resources are coming from
<p>Outcome 5 behaviour and emotional literacy skills</p> <ul style="list-style-type: none"> • Consultation with Child and Adolescent Mental Health Service as required. • CAMHS intervention ended April 2014 and psychiatric review of medication continues. <p>Outcome 6 sensory skills</p> <ul style="list-style-type: none"> • Advice from the Occupational Therapy Service of Clinical Commissioning Group (CCG). This support should be reviewed according to their procedures. • Monitoring of his health from the School Health Service as provided by the Clinical Commissioning Group (CCG). 	<p>Place funding from Islington Council to the school</p> <p>And</p> <p>From provision normally commissioned by the Clinical Commissioning Group (CCG)</p>

SECTION H1 – Social Care Needs Provision

Support available in addition to the local offer	Where the resources are coming from
<p>Outcome 5 behaviour and emotional literacy skills and outcome 7 independence and self-help</p> <ul style="list-style-type: none"> • Advice from Islington Social Services, Disabled Children's Team, as appropriate. • A personal budget as carried out in from the child in need assessment. This will be reviewed in January 2016. • Family will monitor on a weekly behaviour chart XXXX's engagement with activities independently. (review January 2016) • Maintain relationships at Action for Children and Centre 404 	<p>Social Care budget provision for children in need, children looked after and/or young people leaving care</p>

SECTION H2 – Social Care Needs Provision

Support available in addition to the local offer	Where the resources are coming from
No provision required	

SECTION I – Provision

Name of provision	XXX XXXX Secondary School
Address	XXXXXX
Type of Provision	Maintained special school

SECTION J – Personal Budget

Area	Resources available as a personal budget	Conditions for use e.g. (the period of time it covers and how flexible it is)	Related goals / outcomes
School			
Education – Local Authority			
Health - CCG			
Social Care – Local Authority	As assessed by Islington Children's Social Care	Can be managed as a direct payment, or a virtual budget a combination of these	Outcomes 5 and 7

Where a personal budget is being used to purchase provision, more details will be written in the EHCP Support Plan (Appendix A) including:

- the actual amount being taken as a personal budget
- a description of the provision that will be purchased
- the cost of provision
- the arrangements for any direct payments
- any other arrangements for paying or managing the budget

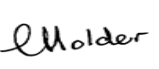
SECTION K – Information and Advice

The following reports, evidence and advice were taken into account when writing this EHCP and are available as appendices to this plan.


Type of advice	Provided by	Role	Date
Parental	Ms XXXX	Parent	01.10.08
Educational	Finola XXXXXX	Deputy Head, Primary School SENCo, Primary School	10.10.08
Annual Review Report	Tracy XXXXX		12.12.13
Medical	Katerina Harris, Helen Sharples & Orit Roditti	Specialist Paediatric Registrar, Clinical Psychologist & Occupational Therapist (Child Development Team)	02.07.08
	Jen Gallagher and Sue Storey	Clinical Psychologist and Child and Adolescent Psychiatrist	07.04.14 & 12.12.14
Speech and Language Therapy	Nina Smith	Speech and Language Therapist	18.11.13 & 06.11.14
Occupational Therapy	Shonali Sullivan	Occupational Therapist	19.12.14
Educational Psychology	Chris Shaldon	Educational Psychologist	13.10.08
Social Care	Wayne Burnett	Social Worker	23.01.08
FA3 EHC Assessment Advice Form	Rupert Bagenal	Social Worker	06.02.2015

SECTION L – Agreement

Agreement on behalf of the Local Authority (*Education and Social Care*)

Name	Signature	Date
Candy Holder Head of Pupil Services		12/02/2015
Where Social Care provision is included name the officers consulted		
Children's Social Care	Ida Cohen	
Adult's Social Care		

Agreement on behalf of the Clinical Commissioning Group (*Health*)

Name	Signature	Date
Sheron Hosking Commissioning Manager		12/02/2015

SECTION M – Legal Status of this EHCP

The following parts of this plan can be updated with the consent of the person, parent and the Team Around the Child:

- Section A – Contact Details and Profile
- Appendix A EHCP Support Plan (short term goals; how progress and success will be measured; by whom and when, resources needed and who provides them; the arrangements for implementing the support plan; how the personal budget used to help deliver the plan; a risk assessment.)

All other parts of the plan can only be changed with consent of the Local Authority.

APPENDIX A EHCP Support Plan for:XXXXX XXXXXXXX

Medium term goal (from Section E of the EHCP):				
Short term goal (for the next 3-12 months): •				
How will we measure this?		When will we measure this?		Who will measure this?
Actions			Resources	
What	When	Who	What is needed?	Where from?

Medium term goal (from Section E of the EHCP):				
Short term goal (for the next 3-12 months): •				
How will we measure this?		When will we measure this?		Who will measure this?
Actions			Resources	
What	When	Who	What is needed?	Where from?

Medium term goal (from Section E of the EHCP):				
Short term goal (for the next 3-12 months): •				
How will we measure this?		When will we measure this?		Who will measure this?

Actions			Resources	
What	When	Who	What is needed?	Where from?

Medium term goal (from Section E of the EHCP):

Short term goal (for the next 3-12 months):

How will we measure this?		When will we measure this?		Who will measure this?
Actions			Resources	
What	When	Who	What is needed?	Where from?

Medium term goal (from Section E of the EHCP):

Short term goal (for the next 3-12 months):

How will we measure this?		When will we measure this?		Who will measure this?
Actions			Resources	
What	When	Who	What is needed?	Where from?

Medium term goal (from Section E of the EHCP):

Short term goal (for the next 3-12 months):				
How will we measure this?		When will we measure this?		Who will measure this?
Actions			Resources	
What	When	Who	What is needed?	Where from?

Important Contacts

Name	Why they are important	Phone	Email

Important Documents

Document name	Date	Where it can be found

Personal Budget

Activity	When	Who is paying*	How the cost is calculated	Total Cost
			Amount available	
			Contingency	
			Grand Total	

*Direct service, direct payment to person or family /managed account / third party

Risk benefit assessment

Activity	Benefits	Risks	Steps taken to reduce risks and the maximise benefits

Actions to make this plan happen and review the goals reviewed

Action	Who will do it	When will they do it

EHCP Support Plan Agreement

	Name	Signature	Date
Child / Young Person (or their representative)			
Parent / Guardian (if child under 16)			
Education Provider (Early Years / School / College)			
Other Provider <update as appropriate>			
Other Provider <update as appropriate>			
Other Provider <update as appropriate>			