



's Plan

One plan for Education, Health and Care

Photo
Picture
Avatar
Or other

My Name is:
I like to be known as:

This plan is all about what I need to help me to achieve my goals and ambitions. It shows the support that I will need and who will be providing it for me. The plan is broken into a number of sections and different people will have access to different parts of my plan depending on what you need.

The plan has been created by everyone that is important to me and will be reviewed at least once a year.

**Date of first Plan:
Date of this Plan:
Date for Review:
Is this a Statutory Plan?**

This must be within 12 months of the date on which the first plan was made or within 12 months of the last review date, but may happen sooner if I need it.

If I am in year nine or above, the review meeting must consider what provision is required to help me prepare for when I become an adult.

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Part A – All About Me

My Personal Details

My Full Name:		Male/Female:	
Date of Birth:		Family Email:	
Home Address:		Family Mobile: Home Phone:	
Parent/Carers: Brothers/Sisters:		Who lives with me?	
Ethnicity:		My Religion:	
What Language do we mainly use at home?		Interpreter needed for me or my family?	Y/N
Disability:		Health Care Plan:	Y/N
Any Additional Health Needs:		Social Care Plan:	Y/N

My Views - This section will be written in the first person if the information has come directly from the child or young person and in the third person if the information has come from the parents/carers.

My aspirations and goals

How I communicate

What I enjoy doing

What I am good at

How I like to be helped

Other things that I want people to know about me

Do I have my own on-line plan? Y/N

Link:

Family Views

Things we would like people to know about our child

Things we would like people to know about us

Our History

Our aspirations and goals for our child

How to support us as a family

What times or days are best for meetings

Any other information we want you to know

Part B – Special Educational Needs

What are the Special Educational Needs (SEN)?

1. What are his communication needs (what can he/she do now and what does he/she find difficult)?
2. What are his education and learning needs (what can he/she do now and what does he/she find difficult)?
3. What are his health, physical and sensory needs (what can he/she do now and what does he/she find difficult)?
4. What are his social and emotional needs (what can he/she do now and what does he/she find difficult)?

Part C – Health Needs

What are his Health needs?

Part D – Social Care Needs

What are his Social Care Needs?

Part E - My Outcomes (What I want to achieve)

Long term aspirations and goals

- 1.
- 2.
- 3.

Medium term outcomes (what do I need to achieve before my next transition phase?)

- 1.
- 2.
- 3.

Short Term outcomes (what do I need to achieve before my next annual review?)

- 1.
- 2.
- 3.

Shorter term targets will be set at the annual review and termly meeting with me and my parents as part of the individual planning process.

Part F – My Special Education Provision

These must include all the needs specified in Section B and where a social care and/or health provision supports a child or young person with their education or training.

Outcome	What help do I need to make this happen and how will it be delivered?	How often?	What resources are required and who will be providing them?

Part G – My Health Provision

Outcome	What help do I need to make this happen and how will it be delivered?	How often?	What resources are required and who will be providing them?

Part H1 –My Short Breaks and Care Package

Outcome	What help do I need to make this happen and how will it be delivered?	How often	What resources are required and who will be providing them?

Part H2 – My Other Social Care Provision

Outcome	What help do I need to make this happen and how will it be delivered?	How often?	What resources are required and who will be providing them?

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These are the people that have helped with my plan:

Name	Role	Telephone Number

These are the other professionals and agencies that support me and my family:

Name	Role	Telephone Number

Signatures

Person	Name	Signature	Date
Education			
Health			
Social Care			