



In accordance with Section 37 of the Children and Families Act 2014 ("the Act") and the Special Educational Needs and Disability Regulations 2014, the following Education and Health Care Plan is made on (insert date) by Wiltshire Council ("the education authority") in respect of (insert pupil name) whose particulars are set out below.

First name	Surname	Preferred Name

Home address	Date of Birth	Gender
	Home Language	Ethnic origin
	NHS/NI no:	Unique pupil number

My family and people who are important to me

Parent(s) or carer(s)

Names	Addresses (if different)
Parental responsibility?	
Phone number	Email

Other people who are important to me

Name	Who they are and why they are important

Section A: Views, interests, aspirations**My views**

What's Working	What's Not Working

The views of my parent(s)/carer(s)

What's Working	What's Not Working

Description of strengths and difficulties

My health, physical development, sensory impairment and mobility

How I communicate (and how to communicate with me)

How I feel, behave and get on with others

My learning, understanding, working out things & solving problems

My family, my home and where I live

Taking care of and doing things for myself, keeping safe

Activities and having fun

Future Plans

Plan overview

What outcomes do I want?	What are my identified needs?	What will help me get there?
Section E	Section B – Special educational needs	Section F
	Cognition and Learning	
	Communication and interaction	
	Social, emotional and mental health	
	Physical and/or sensory	
	Section C - Health	Section G
	Section D - Social	Section H - 1
		Section H - 2

Section E - MONITORING ARRANGEMENTS

The setting will regularly monitor **Name's** progress in meeting the outcomes set out above.

The setting should establish short-term targets and the strategies to meet the outcomes in consultation with **Name's** parents/carers and appropriate professionals as soon as possible following **Name's** transfer/name's placement in school/college/early year's setting.

Regular and close liaison between home and the setting is essential. **Name** should be involved in the setting of new targets and monitoring them, if he/she is able to do so.

This is X's (1st etc.) My EHC Plan

The setting will make arrangements for the My EHC Plan to be reviewed on an annual basis or more frequently if required. Name's progress towards meeting his/her outcomes should be considered at the Annual Review, as well as the appropriateness of the provision. Name's My EHC Plan may be maintained, amended or ceased as a result of the review.

Annual Reviews will be a means of planning for Name's future and should be used to discuss transition to adulthood/transition between phases of education.

Section I

(School or education setting to be named when the final My EHC Plan is issued.)

Section J

Personal Budget – How much my support costs per year

What is the support?	What is the cost of the support?	Who is responsible for paying for this support?

The total cost of my support is:

£

Section K**Advice and Information Used**

Document/Information	Written by <i>(insert name or none received)</i>	Dated
Parental or Young Person's Advice		
Educational Advice		
Medical Advice		
Psychological Advice		
Advice from the Social Services Authority		
Other Advice Obtained by the Authority		

My EHC Plan number	Issued on	Reason for issue

Dated

Duly authorised officer of the authority