

**The Education, Care and Health Plan**

**Implementation Meeting**

|  |  |
| --- | --- |
| Name of child or young person |  |
| Date of birth |  |
| D/14+ate of implementation meeting |  |
| School/college/setting |  |

**The following people attended the meeting**:

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| --- | --- | --- |
| **Name** | **Role** | **Contact Details** |
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The school or setting may use their own format as part of their personalised planning for individual children so long as it includes these details.

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| **Planning for EHC Plan outcomes identified for the child or young person (up to 14):** | | | | |
|  | **Long term outcomes (What are the long term outcomes from the C&YP’s EHC plan and where are we now?)** | **Annual targets (What will the C&YP be able to do in 12 months time?)** | **Support to achieve outcomes (What facilities, equipment, staffing/ curriculum arrangements, support from outside agencies and from family/community will the C&YP require to achieve this?)** | **Monitoring and review (How will the C&YP’s progress be monitored and reported?)** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
|  | | | | |
| **Planning for any other actions agreed at the EHC plan review:**     |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Planning for EHC Plan outcomes identified for the young person - Preparing for Adulthood Phase (14+)** | | | | | | | | | | | **NAME:**  name  **Year Group:**    **D.O.B:**    **SCHOOL:** | **LONG TERM OUTCOMES**  direction | **Targets – NEXT 12 MONTHS** | **WHAT SUPPORT I WILL NEED?**  support | | **WHO WILL HELP ME?**  ideal%20person%20-%20trust1%20132 | **MONEY £**  money | | **CHECKING**  **self dertermination** | **IMPORTANT MESSAGES ABOUT MY FUTURE** | | The things that are important to me / the things I want to achieve for my future | The things I want to achieve before my next review | Who will help me?  This could be help in school, from others, equipment or other things | | How?  The name of the person / people and their role | Any funding that I am entitled to, to support me with my goals | | Who will check the actions agreed in my plan | We will tell people who provide future support and opportunities what I will need | | **EDUCATION LEARNING AND WORK** |  |  |  | |  |  | |  |  | | community life  **FRIENDS, RELATIONSHIPS & COMMUNITY OPPORTUNITIES** |  |  |  | |  |  | |  |  | | **home**  **INDEPENDENCE AND HOUSING**  **PLANNING FOR GOOD HEALTH** |  |  |  | |  |  | |  |  | |  |  |  |  | |  |  | |  |  | | ANY OTHER ACTIONS WE AGREE TODAY | person**WHO WILL DO THIS** | | | **targetWHAT** | | | * **BY WHEN** | | | | **DATE OF REVIEW** |  | | | | | | | | | | | | | |