

 **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**:

|  |  |  |
| --- | --- | --- |
| **Name**  | **Role**  | **Contact Details**  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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.

|  |
| --- |
| **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** |  |

 |