

Section A of an EHC Plan

Section A – prompts for completion

This part of the plan provides you with the opportunity to tell your story. Prompts are provided to help but you don't have to follow them. If you believe any section is not relevant you do not have to fill it in. Moreover if you have told your story elsewhere or in another format the Local Authority will accept that as your contribution to Section A. Where possible we would like to hear the views of the child/young person. Please indicate where the child young person has answered, where you have completed on their behalf and where you are expressing your views.

My Personal Information

Full Name:				
I like to be Known As:				
Date of Birth:				
Religion:				
Parent/Carer(s): (indicate parental responsibility)				
Siblings:				
Family Contact Address:				Postcode:
Telephone Number:	Home		Mobile	
Email Address:				
Ethnic Origin:				
Language Used at Home:				
Main Communication Method:				
Language Interpretation Support Needed?				
Is Support Required for Child/Young Person or Parent/Carer to Attend Meetings etc?				
Are There Specific Times/Days That are More Suitable for You to Attend Meetings?				

The People Who Support Me/Are Involved in My Plan

Name	Role	Contact Details

My Personal Profile

What Others Like and Admire About Me:

If you could describe yourself to someone else what would you say?

What do you think your good points are?

What are you good at?

What good things do your friends or family or school staff say about you

Things You Need to Know About Me and How I Cope With My World:

How would you describe yourself to someone who didn't know anything about you?

Who are your friends, your family, How important are they to you?

What would you say about your health?

What makes you happy or sad?

What are your hobbies and interests?

What really interests you?

Is there anything that needs to happen to ensure that you are kept safe?

Do you have any special routines?

What is Important to Me:

What things need to happen to make sure that you are happy, safe, healthy and enjoy life?

List these in order of importance

Why are they important?

How I Communicate and Make Decisions:

How do you communicate with others?

How well do you/does (name) communicate with others?

What support do you/they need to understand things and make themselves understood?

How confident are they in social situations?

Are they able to make choices / decisions?

Are they able to understand the consequences/outcomes of decisions?

These are My Hopes and Dreams:

What would you like to do when you grow up?

What do you want to do when you leave school?

Have you reached a decision about your plans for next year/ when you leave school

What do you need to do now to ensure this happens

What will it look like when you move on to

What do you think you will like about

What are your plans for the next three years, long term

What do you think you need to do next to be able to

What I Want Now and in the Future

Education and Learning (for life and work)

Now: Tell me about your previous education, your current school
What do you like about school? Not like?
What do you think you will achieve in school?
What needs to happen so that you can do your best?

Future: What do you want to do next?
Where do you see yourself in 3years, 5 years?
Do you know what you need to do next to help you achieve your goals?
What support would you need as you grow older?

Building Independence

Now: Who do you live with now?
What do you do to look after yourself at home
What life/independent living skills do you think you have?

Future: Where do you think you will be living in 5 years time
Do you see yourself living independently in the future?
When do you think this will be, 3, 5 10 years?
What skills do you think you will need to help this to happen?

My Health

Now:

Describe any health issues that you have?
Do you take medication? Who helps you with this?
Does your health impact on how you manage at school/home?
Are you able to manage any health issues yourself?
If not who helps you, what help do you get?

Future:

Do you think you will be able to manage your own medication?
Do you think you will be able to make your own appointments to see the doctor?
Will you need extra support to manage at work/home or college because of your health?
What help do you think you will need?

Friendships, Relationships and Being Part of My Community

Now:

What do you do outside of school/ in your free time?
What activities do you get involved in? Clubs, sports, groups etc.
In school, at home?
What do you like to do after school/at the weekend?
Who are your friends at school/outside of school

Future:

What would you like to be able to do with your free / leisure time when you are older?
What groups/clubs do you think you would enjoy being part of?
Would you need support to be able to go to these?

Parent's/Carers Views Including Aspirations for the Future:

How would you describe (name)?

How old are they, what schools have they attended, what is important in their life?

What makes you proud about (name)?

Describe a good day with (name)?

When things are more difficult, how does this look and feel?

What things/events contribute to it being a good/more difficult day?

What strategies do you use at home/ do others use in different situations to support (name) ?

What experiences make (name) happy/sad/anxious?

What things are important to (name) *why*?

This Form has Been Completed By:

Date: