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|  Section 1 Education, Health and Care (EHC) Plan Personal Profile – “All about me” (child’s/young person’s name)  (Guidelines for keyworkers and parents) |
| photograph | **This personal profile has been completed by:** **parents /carers.........................................................................................** **with (keyworker)..........................................…..****on ……......…….. (date)** |
| **Child’s/ young person’s name:** **Date of Birth:** |
| **Section (A) The views, interests and aspirations of the child and their parents, or of the young person****Lives with:** Names of parents / carers and relationship to child/ siblings / looked after child?**Life history (summary)** Including:* Where and when child was born (if under 5)
* medical history (e.g. any medical interventions/ surgery/hospital stay/accidents)
* developmental milestones (e.g. sitting, walking, talking)
* other significant family details e.g. siblings
* schooling to date

**Details about the child or young person’s aspirations and goals for the future:**e.g to improve communication/interaction with others  to improve independence skills  including thoughts about future provision. Consideration should be given to the child or young person’s aspirations for paid employment, independent living and community participation (as appropriate)**Communicates by:**A summary of how to communicate with the child/ young person and engage them in decision-making. Include as necessary verbal/ non-verbal communication, e.g. eye-pointing, gestures, signing and speechUse of objects of reference, Makaton, symbols, PECS, etc (child’s/young person’s name) **likes/dislikes (including who they like to engage with e.g. friendships and what they like to do):**Including any sensory issues e.g. loud noises, smells, tactile issues.**What is important to** (child’s/young person’s name) **What people like and admire about** (child’s/young person’s name) **Essential information you need to know about** (child’s/ young person’s name) (Details about play, schooling, independence, friendships and further education/future plans including employment where practical) |

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| **Parent’s/ Young Person’s view on special educational needs (SEN)****Diagnosis of (if applicable).** Child or young person’s special educational needs**Please explain:**How these impact on child’s learning and everyday skills e.g. Speech and language delay, social communication difficulties, etc**Physical needs and equipment needed:**Equipment: e.g. specialised chair, standing frame, splints, walker, hoist**Health & Medical needs:**e.g. asthma, epilepsy, reflux, airway support, etc. Medication: **Vision/Hearing:**How it affects their learning**Self care and independent living:****Drinking/Eating** (including allergies and any dietary requests):e.g. gastrostomy fed |

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| **How has** (child’s/young person’s name) **been involved in writing this plan:**If written in the first person, the plan should make clear whether the child or young person is being quoted directly, or if the views of parents or professionals are being represented. |
| **To be reviewed on: ………………………………… (Date)…………………………………………** |