

Model Education, Health and Care Plan

'Eva' – A child with a vision impairment, aged nine
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Preface



This paper was prepared using funding provided by the Department for Education under grant agreement with NatSIP, the National Sensory Impairment Partnership:



Contact:

Lindsey Jane Rousseau, NatSIP Facilitator

T: 07711 030711

E: lindsey.rousseau@natsip.org.uk

W: www.natsip.org.uk

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1. Purpose of this document

The purpose of this document is to illustrate the **written** content of an Education, Health and Care (EHC) Plan for children and young people with a sensory impairment by following the requirements and the sections for a Plan as set out in the SEND Code of Practice, published in January 2015.

2. Intended audience

This document is for:

- a. those who are responsible for coordinating the assessment and drafting of an EHC Plan and/or the key worker and professionals contributing to the assessment and plan.
- b. parents who would like to know what kind of information should be included in an EHC Plan to ensure it accurately identifies their child's needs and sets out how they will be met.

3. Recommended action:

NatSIP recognises that local authorities will have their own format for their EHC Plans. NatSIP encourages local authorities to use the model Plans as:

- an aid to ensure any format they develop reflects the required content of EHC Plans.
- a check to ensure that Plans developed for individual children and young people with sensory impairment fully reflect the level of content suggested in the exemplars
- a way to ensure the EHC Plan is based on a thorough assessment of the child or young person as required by the SEND Code of Practice and as set out in Better assessments, better plans, better outcomes: a multi-disciplinary framework for the assessment of children and young people with sensory impairment, developed by NatSIP.¹

4. Background

NatSIP has been commissioned by the Department for Education to produce exemplar EHC Plans for children and young people with a sensory impairment. This model EHC Plan is based on the structure outlined in the SEND Code of Practice.² The boxed text in this model plan is taken from the guidance in the SEND Code of Practice regarding the required written content of each section of the Plan.

This model Plan is one of a series covering hearing impairment, vision impairment and multisensory impairment across different age groups. Other model Plans are available on the NatSIP website.

¹ Available online at <https://www.natsip.org.uk/index.php/send-reforms>

² See <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

5. EHC Plan Cover Sheet

Education, Health and Care (EHC) Plan

Name of child: Eva Bridges

Date of Birth	XX	Gender	Female
Parent/Carer Names	Mary and David Bridges		
Who has parental responsibility?	Both parents		
LAC status	N/A		
Siblings	None		
Contact address for the child or young person	XX XX XX		
Contact address for parents/carers	As above		
Telephone		Mobile	N/A
Email			
EHCP Coordinator name	Deborah Taylor		
Type and name of education setting	New Town Primary School		
Year Group	6	Placed out of year?	No
Ethnicity	White British	First language	English
Main communication method	Email	Language interpretation support needed?	N/A
GP Name and contact details	Dr Burns, The Surgery, Main Street, Town, NT1 4XF		
Current consultant details	Dr A Khan, Ophthalmic Dept, The County Hospital, New Town, NT3 8RG		
Other practitioners who are involved	QTVI: Anne Brown EP: Susan Green Designated Medical Officer: Dr Jane Gibson		
Times that are difficult for me or the family to attend appointments	N/A		
Barriers that might make it difficult for me or family to attend appointments	N/A		
Other relevant plans	N/A		
Other useful information	Paediatric mobility officer: Alison Mount		

Who has been included in writing this plan?

Pupil: Eva Smith

Parents: Mr and Mrs Smith

Specialist VI Teacher: Ann Brown

Educational Psychologist: Susan Green

SENCo: Deborah Taylor

Class Teacher: Mark Johnson

Teaching Assistant: Jenny Porter

Ophthalmologist: Dr Amir Khan

Designated Medical Officer: Dr Jane Gibson

6. Plan table of contents

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7. Plan Section A. Views, interests and aspirations – Getting to know Eva

The SEND Code of Practice states this section should also include details about play, health, schools, independence, friendships, further education and future plans including employment (if practical); how to communicate, child/young person's history.

8. Hi! I'm Eva!

Photo of Eva

What people like about me and what I'm good at

- I'm good at typing – better than my Dad!
- My friends think I'm funny
- I'm kind to my Gran
- I work hard at school
- I'm good at spelling

What is important to me

- Playing with my best friends, Lily, Jo and Raj
- Having my friends for a sleepover and watching DVDs (with popcorn!)
- Going to my Gran's house. She lets me play her musical box. It's very old!
- My mum and dad
- My cat. She's called Dolly!

How best to support me

I'm VI so I need my work in large print

I need to see things close to

I can't share books

I can't see the whiteboard so I need someone to tell me what it says

I don't like people doing things for me. I want to do them for myself

I like the blinds down when it's sunny

Eva's views were dictated to a teaching assistant who was known to her

9. Eva's strengths and challenges

The assessments and information gathered indicate that Eva has the following strengths:

- Eva has very good speech and language skills
- She is very keen to be independent and do as much as possible for herself
- She works hard and is very motivated to do as well as she can in her school work
- She makes friends easily and is well liked by her friends
- She usually has a good sense of humour and likes to make her friends laugh
- She has a very supportive family

The assessments and information gathered for this plan also indicate that Eva has the following challenges:

- Severe vision impairment associated with autosomal dominant optic atrophy (see Eva's story below for an explanation of this condition) resulting in reduced near vision, reduced distance vision and colour vision deficiency
- Increasing anxiety about her deteriorating vision and a loss of confidence in undertaking physical activities that she previously enjoyed such as swimming and cycling
- Difficulties in the classroom and therefore in learning related to her reduced vision
- Difficulties with mobility and movement around the school and playground related to reduced vision
- Difficulties in developing some independence skills related to reduced vision

Eva's story to date

SEND Code of Practice advises if history is 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 the parents and/or professionals are being represented.

It requires details about play, health, schooling, independence, friendships, further education and future plans (where practical)

Eva has autosomal dominant optic atrophy, which means degeneration of the optic nerve. The optic nerve transfers messages from the retina to the visual part of the brain and so optic atrophy can affect a range of visual processes including visual acuity (how well a person is able to see), visual fields (the total area that can be seen by one or both eyes in a particular position), contrast sensitivity (the difference in visual properties that makes an object distinguishable from the background it is presented against) and colour vision.

Eva is an only child and lives with her mum and dad. She has worn glasses since starting school in Reception; however, real concern about her vision did not come until staff at school noticed she was having some difficulty in seeing and so, with the consent of her parents, referred her to the County's Sensory Support Team in November 20XX. The Qualified Teacher for VI carried out a functional vision assessment and recommended that Eva's parents should ask the GP for a referral to an Ophthalmologist (a doctor who specialises in eye problems). Subsequently, early in 20XX, autosomal dominant optic atrophy was diagnosed and this causes a progressive loss of vision in both eyes and often difficulties with colour vision. (See section B for a fuller explanation)

When first seen by the VI service in November 20XX, Eva's visual acuity was given by her hospital eye clinic as being 6/12 – she could see at 6 metres what a person with normal vision could see at 12 metres – a mild visual reduction. At that time she was comfortable reading an N14 print size. However, some significant degeneration has taken place since those assessments. In December 20XX informal functional vision assessments carried out at school suggested that her level of vision with both eyes open was 6/28 – 6/29 – she could see at 6 metres what a person with normal vision can see at 28 – 29 metres. This would be considered as being a moderate, but significant reduction in visual acuity. In order to achieve this level of vision Eva had to rely on the vision in her left eye. When assessed separately, Eva's right eye was assessed as being 6/35 – she could see at 6 metres what a person with normal sight can see at 35 metres. This would be considered as being a severe vision reduction. In January of 20XX, the VI Service received an update from Eva's Ophthalmology clinic that indicated her vision had deteriorated even further.

Eva is in Year 5 in New Town Primary School. Eva enjoys school and likes to do well. She has a small friendship group. However, she is becoming anxious about her reduced levels of vision and is also becoming hesitant when outdoors unless with an adult. She is very wary in PE/Games and no longer enjoys physical activities, e.g. she refuses to ride her bicycle even when in a safe situation.

The school is providing 10 hours of teaching assistant (TA) support per week to modify curriculum resources into large print and to support physical activities. However, her deteriorating vision means that she needs increasingly more support to ensure curriculum access. These needs will be even greater on transfer to secondary provision due to the increasing demands of the secondary curriculum and the impact of a new physical school environment.

The Vision impairment (VI) Service monitors Eva's vision needs every half-term and gives advice to the school on curriculum access.

How to communicate with Eva

Eva's speech and language are above the levels expected for her age group and so she has no difficulties in understanding what is being said to her or in making herself understood.

Eva's views and aspirations for the future

Eva is aware that her level of vision is worsening and as a consequence has very definite views about secondary school. She thinks that the local comprehensive school is too big with lots of different buildings and so she is worried about finding her way around, getting lost and being late for lessons. She would like to go to a Specialist Centre (VI) based in a secondary school because it's smaller and it "has VI children there like me and then I won't be the only one". Eva is hoping she will make new friends as well as keep her old ones.

Eva would like to be even better at touch typing and is hoping she can have an iPad to use for lessons as she can enlarge the print to suit her visual needs. Eva also wants to be able to succeed at school and not to feel or look different. Eva wants to be able to go out with her friends by herself, but is anxious that they may get fed up with always "looking after" her. She has discussed mobility training with her parents and her advisory teacher for vision impairment and so now understands how mobility training will help to give her more independence and confidence. She is now very keen to meet up with the paediatric mobility officer and get this training underway.

Eva would like to go on to university or a college.

Eva's parents' views and aspirations for the future

Eva's parents, Mary and David are concerned about the secondary provision for Eva. They feel she has had good support from her school and the VI Service whilst she's been in primary school but do not think that the support at the local comprehensive school will be of the level they feel is necessary to support Eva's vision needs, especially in light of her deteriorating vision and her future mobility needs. Their preference is for a Specialist Centre for pupils with vision impairment so all the necessary resources are already in place.

They want Eva to become more confident, more independent and to be able to understand and to deal with questions about her vision impairment. As the Specialist Centre has qualified specialist VI teachers they feel that she will get better support and more understanding about her independence skills and learning.

Mary and David are also worried about Eva's deteriorating levels of vision and whether she will lose all useful vision. They are trying to offset Eva's own anxiety about this. Eva's mum is also concerned that Eva is no longer doing any physical activities as she rarely plays out, and doesn't want to go swimming or take part in games at school anymore. In addition, Mum has noticed that Eva is beginning to put on weight.

Eva's parents share her desire to achieve well academically and go on to some further education, but also want a focus to be on her growing up to be healthy, happy and confident with the skills to be able to lead an independent life and to have a good circle of friends.

10. Plan Section B. Eva's special educational needs

The assessments carried out and information gathered, provide the following more detailed information about Eva's needs. (Include how this compares with children of a similar age without sensory needs):

Sensory needs

- In January 20XX, an update from Eva's Ophthalmology Clinic indicated her vision had deteriorated further – to a level of 6/60. This figure would suggest that with both eyes open Eva can now see at 6 metres what a person with normal vision can see at 60 metres. With this type of optic atrophy (autosomal dominant) visual acuity usually degenerates and then stabilises or has a slower progression of vision loss. However, there is some variation in the way it presents itself in individuals. Eva now requires print to be presented in a font size of no smaller than N24 (see school reports). However, this may need to be increased to N36 on occasions.
- Eva was registered as Sight Impaired (partially sighted) in January 20XX. Her registration document gave her visual acuities (sharpness of vision) as being 6/36 in her right eye and 6/24 in her stronger left eye at that time. The hospital referred her to a Low Vision Aid clinic where she was provided with some low-tech handheld magnifiers.
- Though not mentioned on medical reports, vision testing would be very likely to reveal scotomas (an area of decreased or lost vision) in her central visual fields that is typical of autosomal dominant optic atrophy. Her reduced visual acuity scores indicate this is the case. As the central visual field is where vision is usually sharpest, the loss of vision in this area results in the loss of detail in what Eva can see.
- Eva also has a colour vision deficiency – something that is associated with dominant optic atrophy. On the Ishihara Colour Vision Assessment Eva scored 14/21 where 17/21 was needed to indicate normal colour vision. This is likely to have implications for certain maths, geography, science and ICT lessons.

Mobility and independence

- Eva is becoming anxious about her reduced level of vision and this has made her reluctant to go outside, unless accompanied by an adult.
- She is finding it increasingly difficult to move around independently, even indoors in a familiar environment.

Cognition and learning

- Though Eva does use her residual vision very well, her visual acuity (how well she sees) is severely reduced. Eva's vision impairment will therefore have a significant impact on her cognition and learning if her vision needs are not catered for appropriately. She will miss out on most 'incidental' learning that children with normal sight would have immediate access to such as wall displays, the whiteboard and peer observations. She is also likely to miss out on other important incidental learning that her peers take in instantly (e.g. the detail on a picture, a spelling pattern).
- Eva's vision impairment affects her ability to concentrate and participate in lessons. She experiences significant concentration fatigue which is common in people with a vision impairment.
- She is able to record her work with the help of technology and support staff.

Social, mental and emotional health

- Eva's confidence for participating in some activities (e.g. PE, science and other practical subjects) is reduced. She is very wary in PE and Games and no longer enjoys physical activities (e.g. riding her bike) even when in a safe situation.
- Eva has very good speech and language skills. However, her deteriorating vision will, if not taken into account, impact on her communication and interaction with her peer group. Her level of vision will mean that she will miss incidental learning cues such as facial expressions and gestures that a person with full sight would observe in an instant.

- She will have significant difficulty locating friendship groups both within the confined environment of her classroom and on the playground.
- Her VI will have an impact on her ability to develop age-appropriate social skills, particularly the fine nuances of social behaviour that young people learn through the visual sensory channel (e.g. looking towards the person she is speaking to, nodding to show agreement, putting her hand down when a question has been answered).
- Eva is becoming anxious about her reduced level of vision and is also becoming hesitant when outdoors, unless with an adult.
- She doesn't like being different, and is worried that her friends will get fed up of "looking after" her.

11. Plan Section C. Eva's health needs related and unrelated to her SEND

The SEND Code of Practice states that an EHC Plan must specify any health needs identified through the EHC needs assessment which relate to the CYP's SEN.

The Clinical Commissioning Group (CCG) may also choose to specify other health care needs not related to the SEN.

Related to her SEND

This type of optic atrophy (autosomal dominant) visual acuity usually degenerates and then stabilises or has a slower progression of vision loss. Eva has experienced significant deterioration to her vision over the past 3 years and now has a significant vision impairment. This has an impact on her learning, mobility and independence, social skills and on her mental health. She is becoming increasingly anxious about her deteriorating vision. Her reduced confidence makes her reluctant to participate in physical activity and in turn this has led to her putting on a significant amount of weight in recent months.

Unrelated to her SEND

Eva has no other health needs.

12. Plan Section D. Eva's social care needs related and unrelated to her SEND

The SEND Code of Practice states that the EHC Plan must specify any social care needs identified through the EHC needs assessment which relate to the child's SEN or which require provision for a child or young person under 18 under section 2 of the Chronically Sick and Disabled Act (CDSPA) 1970. The local authority may also choose to specify other social care needs not linked to CYP's SEN or disability but must have the consent of the child and their parents.

A social care assessment has been offered and declined at this stage. However, the County's Sensory Support Team commission Mobility and Independent Living Skills (ILS) Training from the county's VCS VI Provider, therefore assessment and provision of Mobility Training is funded centrally through education for as long as Eva is at school.

Eva's vision impairment is having some impact on her social and emotional well-being. Eva is more reluctant to go outdoors without support but does want to try to become more independent. Eva is also concerned that her friends might start to treat her differently and that she may find it a struggle moving into secondary school.

A statutory social care assessment has been offered but this has been declined by both Eva and her parents. They are both aware that this can be requested at any time if they feel they need additional support beyond what they are getting from the Sensory Support Team and within the family.

Eva does enjoy social activities with her friends and her parents are happy to facilitate this. Eva and her parents recognise the need as Eva becomes older that Eva will need to rely less on their support

Eva and her parents have been given contact details of local voluntary and support groups. They are aware of the Local Offer and that Eva can get additional support to access community short breaks if she needs additional assistance. This does not require a social care assessment..

13. Plan Section E. Desired outcomes for Eva

The SEND Code of Practice requires a range of outcomes over varying timescales covering education, health and care as appropriate plus steps towards achieving the outcomes (see table below for the steps). It advises against confusing outcomes with provision. It also requires the inclusion of forward plans for any change in a child or young person's life such as a change of school.

The desired outcomes for Eva

- a) By the end of Key Stage 4, Eva will achieve academic results in line with her above average ability (as assessed by the educational psychologist) which will enable her to continue with a programme of study leading to university or college as she wishes.
- b) By the end of Key Stage 4, Eva will be able to move independently to, and around, all desired destinations including secondary school, work experience, leisure activities, recreation and sporting activities.
- c) By the end of Key Stage 4, Eva's confidence and feeling of self-worth will have increased as she comes to terms with her vision impairment.
- d) By the end of Key Stage 4, Eva will have age-appropriate social skills which will enable her to make and maintain friendships and comply with social rules and expectations.

Arrangements for monitoring and reviewing Eva's progress

EHC Plan

This EHC Plan will be reviewed on an annual basis, on or near the anniversary date of the Plan.

There will also be an interim review held early in the Spring Term of 20XX to ensure that all necessary support is in place to ensure a smooth transition into secondary provision in September 20XX

Responsibility for the Review arrangements will lie with the EHCP coordinator.

Eva's School targets plan

Progress towards the specified outcomes will be planned for and tracked in the intervening months through the setting and monitoring of clearly specified and achievable short-term targets. These will be set by those involved with Eva's learning:

School SENCO, Qualified Teacher for Vision Impairment; Paediatric mobility officer; Eva's Class Teacher; Eva's teaching assistant; Eva; Eva's parents.

The school will be responsible for setting short-term targets towards the outcomes set out in Section E. They should be set after discussion with Eva and her parents and appended to her plan so that any regular progress monitoring is considered in light of the longer term outcomes and aspirations she wishes to achieve. Eva will be involved in the setting of any new targets and in monitoring them.

Planning for Eva's transfer to secondary school

Eva is due to transfer to secondary school in September 20XX. Once her secondary school place has been agreed, there will need to be an environmental audit to support safe, independent movement around the setting. Eva will also need to be supported to make at least two visits to the new school in the summer term of Year 6 to meet key members of staff and familiarise herself with the environment. There will need to be close liaison between her current school and the new one to ensure a smooth transition.

14. Plan Section F. The special educational provision required by Eva

The SEND Code of Practice states: provision MUST be detailed and specific and normally be quantified (e.g. in terms of the type, hours and frequency of support and level of expertise) including where this support is secured through a personal budget. Provision MUST be specified for every need specified in Section B. It should be clear how the provision will support the outcomes. There should be clarity as to how advice and information gathered has informed the provision. The plan should specify: any appropriate facilities and equipment, staffing arrangements and curriculum; any modifications to the application of the National Curriculum; any appropriate exclusions from the application of the National Curriculum, in detail, and the provision which it is proposed to substitute for any such exclusions in order to maintain a broad and balanced curriculum; where residential accommodation is appropriate; arrangements for setting shorter term targets and monitoring progress; where there is a personal budget, the details for this. Should also identify arrangements for the setting of shorter term targets by the educational setting. Note: where provision made by social care or health services educates or trains a young person (e.g. speech and language therapy), it must appear in this section.

The following table identifies the steps and the special educational provision required to meet Eva’s special educational needs set out in section B and to ensure the outcomes identified in Section E are achieved (see sections G, H1 and H2 for any required health and social care provision).

a.	Outcome: At the end of Key Stage 4, Eva will achieve academic results in line with her above average ability (as assessed by the educational psychologist) which will enable her to continue with a programme of study leading to university or college as she wishes.		
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
a1	Eva will be able to manage her own vision needs by making maximum use of technology (including low vision aids) in order to have full access to the curriculum and to be able to record her own work.	<ul style="list-style-type: none"> • Access to a broad and balanced curriculum with adjustments made which take into account her particular needs. It is the delivery rather than the content of the curriculum which needs to be adapted: she is of above average ability, but her access to learning is affected by her vision impairment. • Eva will require support from a suitably trained teaching assistant (TA) who is experienced in working with children with vision impairment. She will need support to be available throughout the school day. However, the TA should work under the supervision of the QTVI to ensure that the support provided is aimed at helping Eva to develop her skills as an independent learner. Additional TA time (at least 2 hours per week) will be also required for the production and adaptation of teaching materials. • Risk assessments/consideration to safety issues will be required for subjects such as PE, Science and Technology so that lessons and classrooms can be adapted to provide full but safe access to the curriculum. These should be carried out by the QTVI in conjunction with subject staff. • Eva will require the use of a laptop computer, screen reading programmes and other aids as appropriate. She will need an assessment by a 	School
a2	She will develop her touch-typing skills to enable her to type faster without losing accuracy. She will achieve a speed of 35 words per minute by the end of Year 6.		TA with supervision from the QTVI. The LA will fund 32 hours per week of TA time including 2 hours for the preparation of materials
a3	Eva will become increasingly independent in her work, including being able to choose which technology is most appropriate in a given situation, and take responsibility for her own learning.		QTVI and subject staff Teachers and TAs
a4	Eva will be able to express her needs to others, asking for support when necessary but also recognising when she can do things for herself, so that she does not become over-dependent on adult support.		Teacher

a.	Outcome: At the end of Key Stage 4, Eva will achieve academic results in line with her above average ability (as assessed by the educational psychologist) which will enable her to continue with a programme of study leading to university or college as she wishes.		
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
		<p>specialist teacher in ICT who has experience of working with young people with vision impairment, to establish her equipment, software and training needs. This will be provided by the Sensory Support Team by the end of the Autumn term 20XX. The Sensory Support Team will provide the appropriate ICT hard and software and training packages as recommended by the assessment.</p> <ul style="list-style-type: none"> • Touch-typing tutorials three times per week. • Ongoing direct support from the QTVI for at least one hour per half term, in addition to the time required to liaise with staff and deliver the initial sessions of a social skills programme (see outcome d). <p>Staff working with Eva will need to employ the following strategies to ensure that her vision impairment does not hinder her ability to learn and keep up with the progress of her peer group:</p> <ul style="list-style-type: none"> • Eva should be seated at the front of her class/ group and as close as possible to any class input/demonstration (within 1- 2 metres). She should be positioned face on and either central to or just to the right of the learning source (e.g. the teacher) so that she can make the best use of what has appeared to be a slightly stronger left eye. 	<p>Sensory Support Team</p> <p>Teacher/TA QTVI</p> <p>Materials to be adapted by the TAs as requested by the teacher</p>

a.	Outcome: At the end of Key Stage 4, Eva will achieve academic results in line with her above average ability (as assessed by the educational psychologist) which will enable her to continue with a programme of study leading to university or college as she wishes.		
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
		<ul style="list-style-type: none"> • Eva should have her own copy of board work, as she will not reliably access information over a distance. This might be done by using an adult scribe or by printing off a copy of the interactive whiteboard screen for her to view at her desk. She might also be allowed to view board information from the computer connected to the whiteboard screen – as long as the font size used is large enough for her to access. It may also be possible to connect a laptop remotely to an interactive whiteboard screen. • Eva should not be expected to share worksheets or books. Rather, through careful forward planning, she should have her own copy of the information, prepared in advance of the lesson. Normal practice should mean textual information Eva is expected to access independently being typed up, scanned or downloaded / ordered through large print providers in clear, bold N24 – N36 font sizes. Work should be kept on A4 sheets or the size used by the rest of the class; this can often be achieved on a computer by reducing the size of the borders in a Word document. A3 sheets are large and cumbersome and will make scanning more difficult for Eva and should be avoided. 	Teacher/TA XXXXXXXXXXXXXXXX

a.	Outcome: At the end of Key Stage 4, Eva will achieve academic results in line with her above average ability (as assessed by the educational psychologist) which will enable her to continue with a programme of study leading to university or college as she wishes.		
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
		<ul style="list-style-type: none"> • Worksheets / textbook pages to be modified by teaching assistants should be provided by the class teacher well in advance of the lesson in which they are to be used (at least a lesson before they are needed). • Typed (rather than photocopied) worksheets/ information sheets will be easier for Eva to view. Use fonts that are made up of straight lines like an 'Arial' or bold 'Century Gothic' font as these are sharper and aid visual clarity. • Contrast: information presented to Eva should employ good contrast for visual clarity (e.g. black print on a white background) • Staff should regularly check whether Eva can see and follow information being presented to the whole group. Allow sufficient time for Eva to hold and examine objects, pictures and learning materials – she will require more than a glance to process visual information. She will require verbal reinforcement of classroom displays, board and TV work and demonstrations. • Eva needs to be working in a good level of light. The light source should be behind her. However, it is also important that light is controlled by the use of classroom blinds as glare/reflected light is likely to cause Eva some 	<p>Teacher</p> <p>All school staff</p> <p>School</p> <p>School</p>

a.	Outcome: At the end of Key Stage 4, Eva will achieve academic results in line with her above average ability (as assessed by the educational psychologist) which will enable her to continue with a programme of study leading to university or college as she wishes.		
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
		<p>discomfort and reduce the quality of the visual images she sees. Direct sunlight should be avoided.</p> <ul style="list-style-type: none"> • Praise and correction should be spoken, as Eva will have difficulty in seeing body language and gestures. Similarly, instructions should be clear and specific and directed towards Eva by name. “Come over here” might be replaced with, “Eva, come over to my desk by the window.” • Eva’s placement school will need to access large print, e-book and audio book libraries in order for Eva’s curriculum needs to be met appropriately. • Eva requires pre or post teaching for at least two sessions of 30 minutes per week by her teachers or support staff to ensure she understands new concepts. • For external assessments in the future modified exam papers in an appropriate format for her visual needs should be ordered for Eva. Additional time for external examinations will be appropriate and should be applied for under the guidance of a Qualified Teacher for Vision Impairment. Other access arrangements may also be required, including the use of human support such as readers and scribes for some exams. It is important that Eva has opportunities to practise using all these 	<p>School</p> <p>School with advice from QTVI</p>

a.	Outcome: At the end of Key Stage 4, Eva will achieve academic results in line with her above average ability (as assessed by the educational psychologist) which will enable her to continue with a programme of study leading to university or college as she wishes.		
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
		arrangements in school exams. • Eva requires rest periods to be built into her school day to allow for the concentration fatigue she experiences.	School

b.	By the end of Key Stage 4, Eva will be able to move safely and independently to, and around, all desired destinations including secondary school, work experience, home, community leisure activities, recreation and sporting activities.		
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
b1	Eva will become confident in long cane techniques and body protecting procedures.	<ul style="list-style-type: none"> Eva needs a mobility training programme devised and delivered by a qualified paediatric mobility officer and reinforced through daily practice sessions with a suitably trained teaching assistant. This will require access to her new secondary school in the summer break for orientation training before she starts there. The long cane will be provided as part of her mobility training which is delivered by the Sensory Support Service. The Mobility Officer will also coordinate this plan with a programme for Eva at home to be delivered by her parents. Too many changes in classroom organisation should be avoided: Eva may build up a mental picture of classrooms and rely on memory to locate things. Walkways should be kept free of obstacles. Edges/faces of immovable obstacles (e.g. a low level heater) should be highlighted in a bright contrasting colour (e.g. brightly coloured paint). Where possible, activities in PE and games lessons should be adapted to enable Eva to take part in the same activities as her peers. Where this is not practicable or safe (e.g. some team games such as hockey) an alternative physical activity should be offered. Eva will have a Low Vision assessment at the LVA clinic. A monocular will be provided by the 	Paediatric mobility officer. Secondary school to provide access during the summer holidays.
b2	She will learn orientation routes for secondary placement ready for transition in September 20XX.		
b3	She will learn to use a monocular (a miniature low-powered telescope) as this will be a helpful aid in the future when travelling independently and using public transport.		
			School
			School
			School
			Health service to provide assessment and monocular. Training in its use to be provided by

b.	By the end of Key Stage 4, Eva will be able to move safely and independently to, and around, all desired destinations including secondary school, work experience, home, community leisure activities, recreation and sporting activities.		
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
		health service and Eva will require training in its use by the orthoptist and Qualified Teacher for the Vision Impaired (QTVI).	orthoptist (Health) and the QTVI

c. By the end of Key Stage 4, Eva's confidence and feeling of self-worth will increase as she comes to terms with her vision impairment.			
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
c1	Eva will recognise her own strengths and achievements.	<ul style="list-style-type: none"> • Staff and peers will be given vision awareness training by the QTVI at least once per year. • Staff will work with Eva's recognized strengths, giving her daily opportunities to experience success. • She requires specific praise and encouragement and recognition of her strengths and achievements. 	School and QTVI
c2	Eva will feel included in all aspects of school life.		School

d.	By the end of Key Stage 4, Eva will have age-appropriate social skills which will enable her to make and maintain friendships and comply with social rules and expectations.		
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
d1	Eva will be able to respond appropriately in different social situations.	<ul style="list-style-type: none"> Eva requires daily opportunities to develop her interactions with peers in both learning and social situations through example, experience and practice. Specific social skills work should have a focus on genuinely communicative tasks related to real life situations and there will need to be an emphasis on developing social interactions with her peers. A programme should be drawn up by the QTVI and delivered for at least 30 minutes weekly. For the first four weeks the programme should be delivered by the QTVI .Eva’s TA should attend and take part in the sessions in order to be able to continue with the delivery of the programme and reinforce on a daily basis the skills Eva learns there. Eva will need to be encouraged to take sensible ‘risks’ and participate in age-appropriate activities in order to maintain her peer-group friendships. 	School
d2	She will be able to respond confidently when asked about her level of vision.		QTVI, school
			School

15. Plan Section G. Health provision required by Eva

SEND Code of Practice requirement: Provision should be detailed and specific and normally quantified including who will provide it. It must be clear how it will support the achievement of outcomes, including the health needs to be met and the outcomes to be achieved through provision secured through a personal (health) budget; clarity as to how advice and information gathered has informed the provision specified. Health provision may include specialist support and therapies, including medical treatments and delivery of medications, nursing support, specialist equipment and continence supplies. The local authority and CCG may also choose to specify other health care provision reasonably required by the child or young person which is not linked to their health or disabilities.

Related to SEND

Due to the ongoing deterioration in Eva's vision and to ensure that Eva's visual difficulties do not act as a barrier to her learning, she will have a clinical assessment by the ophthalmologist and orthoptist at the County Hospital every 6 months.

Eva requires close monitoring and clinical assessment to ensure her visual needs are met and do not act as a barrier to her learning.

Not related to SEND

No other health needs identified and so no other provision required.

16. Plan Section H1. Social care provision required under Section 2 of the Chronically Sick and Disabled Persons Act (CSDPA) 1970.

SEND Code of Practice: Social care provision should be detailed and specific and should normally be quantified and include services to be provided for the parent carers of disabled children, following an assessment of their needs under sections 17ZD-17ZF of the Children Act 1989, e.g. in terms of support and who will provide it (including where this is to be secured. Must be clear how the provision will support the achievement of outcomes. Provision must be specified for every need specified in Section D.

Eva is a 'child in need' and a statutory social care assessment has been offered to parent and Eva and has been declined.

An equipment assessment will be undertaken by the Paediatric Mobility officer and equipment that is assessed as necessary for Eva will be provided through the Sensory Support Team.

The above will be supported and monitored by the newly commissioned paediatric mobility officer. They will work with Eva, her parents, school and the Sensory Support Team on a programme to promote Eva's independence and emotional needs to accept her vision impairment. Eva and her parents are happy with these arrangements. The Mobility Officer will also undertake an assessment of environmental equipment which can assist Eva within the school and home.

Note:

The County's Sensory Support Team commission Mobility and Independent Living Skills (ILS) Training from the county's VCS VI Provider, therefore provision of Mobility Training is funded centrally through education for as long as Eva is at school.

There will need to be a timely referral to the adult social care team at transition (i.e. transition to adult services) to ensure that Eva's needs are met when she moves into a post-school setting. If Eva goes to university, a referral will need to be made to the university's social care mobility officer.

17. Plan Section H2. Any other social care provision required by Eva

SEND Code of Practice: Social care provision may include provision identified through early help, children in need assessments and safeguarding assessments or adult social care assessments, but MUST only include services not provided under section 2 of the CSDPA. Social care provision will include any adult social care provision to meet eligible needs for young people over 18 (set out in the adult care and support plan). When 18, care provision specified in the EHC Plan will be provided by adult services. Local authority may also choose to include other social care provision which is not linked to their learning difficulties or disabilities, such as child in need or child protection plans.

See section H1

18. Plan Section I. Name and type of school

Eva will attend the following type of educational setting:
[This information must only appear in the final plan]

19. Plan Section J. Personal budget arrangements for Eva

If there is a personal budget, the details of how the personal budget will support particular outcomes; the provision it will be used for including any flexibility in its usage and the arrangements for any direct payments for education, health and social care.

Eva's parents do not wish to have a personal budget for provision.

The table below is an example of a possible way of recording the details required if a personal budget is being accessed.

Outcome step	What is being funded?	Annual cost	Funding agency	Comments (Note if all or part required as a personal budget)

20. Plan Signatures

Signed: _____ (Lead Officer)

Date: _____

Signed: _____ (Parent/Carer)

Date: _____

21. Plan Section K. Advice and information received for Eva's assessment

SEND Code of Practice: The advice and information gathered during the EHC needs assessment MUST be attached (in appendices). There should be a list of this advice, who provided it and when it was provided.

Name	Role	Date
Eva Smith	Pupil	5/3/XX
Mr and Mrs Smith	Parents	8/3/XX
Ann Brown	Specialist VI Teacher	15/4/XX
Susan Green	Educational Psychologist	17/3/XX
Deborah Taylor	SENCo	21/3/XX
Mark Johnson	Class Teacher	24/3/XX
Jenny Porter	Teaching Assistant	24/3/XX

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