**Individual Healthcare Plan (IHP)**

 **Setting:-**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name: SEND Support:** **D.O.B: Entry Date:****Age in Months** **Key worker: Review Date:****IHP No:** **Attendance: Possible-** **Actual -** | **Category of SEND (please tick primary area of need):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Communication and interaction** |  | **Cognition and learning** |  |
| **Social, emotional and mental health difficulties** |  | **Sensory and/or physical needs** |  |

**Strengths:****Professionals Involved:****Stage of development in Prime Areas of EYFS:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PSE- MR****SC/ SAMFB** |  | **C & L – L/A****USP** |  | **PH- MH****H/ SC** |  |

 |
| **Medical Need & Possible Triggers:** | **Symptoms:** | **Procedures to Follow:** | **Emergency Procedure:** |
| **Members of Staff Trained to Administer Medication:** | **Date of Training/ By Whom:** |
| **Agreed by Parent/Carer:****Signature:****Date:** | **Agreed by SENCO:****Signature:****Date:**  |

|  |  |
| --- | --- |
| **Date Of Review:** | **Present At Review:** |
| **Any changes to the current plan:** |
| **Additional Comments:** |
| **Further Actions:****No longer Cause for Concern****Begin Request for Education Health & Care Needs Assessment** |
| **Signatures****Parent/Carer:** **Date:**  | **SENCO:****Date:** |