**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/ SA MFB** |  | **C & L – L/A**  **U SP** |  | **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:** | |