**EHCP Plan on a Page**

*Meeting EHCP targets in exceptional circumstances*

|  |  |
| --- | --- |
| *Student Name:* | *Year Group:* |
| *Provision:* |

|  |
| --- |
| *Covid-19 parental preference:*  |

|  |  |
| --- | --- |
| What provision is being offered? |  |
| Where is the provision being offered? |  |
| When (frequency and timing of provision)? |  |
| How (Method of delivery)? |  |
| By Whom? |  |