

## Appendix 2

**Personal Budget Statement** – This will follow once the EHC Section E, has been completed with Agreed Outcomes and section J has a YES tick.

Pupil's Name:

DOB:

School:

Allocated worker:

### **PART 1 – Proposed provision to achieve each of the Outcomes listed in the EHC Plan:**

Ref	Agreed Outcome	Service	Quantity	Frequency	Total cost
<b>Education</b>					
E1					
E2					
E3					
E4					
<b>Health</b>					
E5					
E6					
<b>Care</b>					
E7					
E8					
<b>TOTAL Proposed Cost</b>					

If in agreement please sign below, if not in agreement go to PART 2 below.

Signature

Young person/Parents/carer

Signature

CBC PB lead

**PART 2. If you do not agree with some or all of the provision listed in Part 1, please complete the following stating the provision or services you feel will achieve the outcome(s) in the EHC plan:-**

<b>Ref</b>	<b>Agreed Outcomes</b>	<b>Service</b>	<b>Quantity</b>	<b>Frequency</b>	<b>Total cost</b>
<b>Education</b>					
<b>E1</b>					
<b>E2</b>					
<b>E3</b>					
<b>E4</b>					
<b>Health</b>					
<b>E5</b>					
<b>E6</b>					
<b>Care</b>					
<b>E7</b>					
<b>E8</b>					
<b>TOTAL Proposed Cost</b>					

**PART 3. Final Agreement of the provision and services to be provided to achieve each of the Outcomes specified within the EHC Plan:**

Ref	Agreed Outcomes	Service	Quantity	Frequency	Total cost
<b>Education</b>					
<b>E1</b>					
<b>E2</b>					
<b>E3</b>					
<b>E4</b>					
<b>Health</b>					
<b>E5</b>					
<b>E6</b>					
<b>Care</b>					
<b>E7</b>					
<b>E8</b>					
<b>TOTAL Proposed Cost</b>					

Signature:

Young person/parent/carer

Signature:

CBC PB lead

NB – When completed and agreed, a signed copy to be sent to SEN team by Commissioning officer

Date sent: