

EDUCATION, HEALTH AND CARE PLAN ANNUAL REVIEW

Date of this meeting _____
Please use typescript or BLACK ink

PART 1

Personal Details

Full Name	<input type="text"/>	Date of Birth	<input type="text"/>	NCY	<input type="text"/>
Preferred Name	<input type="text"/>	School / Provider	<input type="text"/>		
Home Address and Post Code	<input type="text"/>	Admission Date	<input type="text"/>		
		Prospective Leaving Date	<input type="text"/>		
Tel / Mobile	<input type="text"/>	Date of Current EHCP	<input type="text"/>	Band	<input type="text"/>
Parent / Guardian	<input type="text"/>	SEN Primary Need	<input type="text"/>		
Relationship	<input type="text"/>	Additional Needs	<input type="text"/>		
Parent Name and Address (if different from above)	<input type="text"/>	Date of Last SEN Annual Review	<input type="text"/>		
		Current Review Held within 12 Months of Last Annual Review?	Yes	<input type="checkbox"/>	No

Attendance Relating to the Last Review Period

Possible Attendance Figures	<input type="text"/>	No. of Exclusions (Days)	<input type="text"/>		
Actual Attendance Figures	<input type="text"/>	No. of Exclusions (Events)	<input type="text"/>		
Actual Attendance (%)	<input type="text"/>				
No. of Authorised Absences	<input type="text"/>	No. of Unauthorised Absences	<input type="text"/>		
Is student at risk of persistent absence?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Recommendation of the Annual Review Meeting (Please tick one box)

Maintain the EHCP in its present form	<input type="checkbox"/>	Cease to Maintain the EHCP	<input type="checkbox"/>	
Amend the EHCP	<input type="checkbox"/>	Consider full reassessment	<input type="checkbox"/>	
Signed Head / SENCO	<input type="text"/>		Date	<input type="text"/>

Current use of Resources and Access to Additional Provision

Specify how resources, materials and equipment (if appropriate) are allocated within school / provider to support child / young person.

<p>Resources allocated by the EHCP and how they are used in school / provider</p> <p>(Element 3 funding)</p>	
<p>Arrangements made from within the school / provider delegated resources in addition to those provided by the EHCP</p> <p>(both Element 1 and Element 2)</p>	
<p>Use of specialist equipment and indicate who provides this</p>	
<p>Use of Pupil Premium funding or 16 – 19 Bursary Fund (where relevant)</p>	
<p>Details of adaptations and reasonable adjustments made by the school/provider in accordance with the Equality Act 2010</p>	

PART 2 Review of the EHCP

A The Views and Interests, Hopes and Dreams of the Child / Young Person

Please review Section A of the EHCP and highlight changes on the plan or list below.

<p>Me and My Family</p>	
<p>Things that are important to me</p>	
<p>What I like to do and what I want to do in the future</p>	

Parent / Carer Views and Interests, Hopes and Dreams for the Child / Young Person (Now and in the Future)

Please indicate the views of the parents / carers in this section, using information gathered in **advance** of the Annual Review meeting (eg parent questionnaire, verbal contributions, person centred planning etc).

<p>Now (within the next 12 months)</p>	
<p>In the Future (longer term)</p>	

B Special Educational Needs of the Child / Young Person

All of the Child / Young Person's special educational needs must be specified. Please consider Section B of the EHCP, and either attach amendments in relation to the description of the needs, or highlight changes in the boxes below. Any significant changes in the pupils SEN should be identified.

Communication and Interaction

Cognition and Learning

Social, Emotional and Mental Health

Sensory and/or Physical

C Details of Health Needs and/or Medical Conditions that Relate to the Child or Young Person's Special Educational Needs

Please consider Section C of the EHCP and highlight changes on the plan or list below.
Include details of diagnoses, prescribed medication, specialist equipment, prognoses, etc.

NHS Number

D Details of Care Needs and Support being made within the Family Setting

Please consider Section D of the EHCP and highlight changes on the plan or list below.
Please specify any social care needs which relate to the Child / Young Person's special educational needs, or which require provision for a Child or Young Person aged under 18 in accordance with Section 2 of the Chronically Sick and Disabled Persons Act 1970.

LAC Status

Yes

No

Academic Attainment and Rate of Progress

	Current Attainment Levels	FFT 20 EST	Designated Teacher Prediction	On Track
English				
Mathematics				
Science				
Other				

Standardised Testing of Literacy and Numeracy

	Name of Test	Standard Score	Age Equivalent	Date of Testing
Reading				
Spelling				
Mathematics				

Support Provided by Services and Professionals and Impact on Child or Young Person's Progress

Give a brief description of involvement, type of support offered, timescales, external funding allocated, etc. Copies of any written reports provided for the Annual Review meeting must be attached to this Form.

Give details of any specialist equipment being used, whether it is still appropriate, whether different equipment is needed, and which service will oversee its use.

Contributing Opinions (please include all person centred documentation)

Views of the Child / Young Person

Views of the Parents

Phase Transfer (if applicable): Please indicate the parent / young person's preference for placement / provision on transfer

E / F New Outcomes (E) and Provisions (F) for the Short Term (12 months) and Longer Term (over 12 months)

List the **new outcomes** required for the Child / Young Person, with timescales to achieve; the special educational provision required, and indicate who will provide this and how often it is required to be delivered.

Outcomes should be relevant to both the present (within the next 12 months) and the future (greater than 12 months). Outcomes should be identified for each area of need listed in Section B.

From NCY 9 onwards, please also include outcomes with a focus on preparing for adulthood.

Outcomes and Timescales	Support Required to Achieve Outcome	By Whom	How often will support be provided	Funding Source (Element 1, 2, 3)
Communication and Interaction 				
Cognition and Learning 				

Social, Emotional and Mental Health				
Sensory and/or Physical				

National Curriculum

Please indicate any modifications/exceptions in terms of subject, programmes of study and assessment arrangements. Include the reason for modification and replacement.

G Health Provision Required to Support the Child / Young Person

Please review Section G of the EHCP and highlight changes on the plan or list below.
List the health provision required to support the child / young person in achieving outcomes listed in Sections E/F above, in relation to each special educational need.

Outcomes and Timescales	Support Required to Achieve Outcome	By whom	How often will support be provided	Funding Source

H Social Care Provision Required to Support the Child / Young Person

Please review section H of the EHCP and highlight changes on the plan or list below.
List the social care provision required to support the child / young person in achieving outcomes listed in sections E/F above, in relation to each special educational need.

Outcomes and Timescales	Support Required to Achieve Outcome	By whom	How often will support be provided	Funding Source

I Placement

Please indicate current setting / provider arrangements (include offsite placements)

Main Registered Base

Dual Registration

Other(s) (specify)

J Personal Budget

Please indicate if the child's parents wants to take a Personal Budget for his/her support OR;

Yes No

Please indicate if the Young Person wants to take a Personal Budget for his/her support

Yes No

If Yes, indicate if this is a: Direct Payment

Yes No

Notional Arrangement

Yes No

Third Party Arrangement

Yes No

Combination of these Types

Yes No

If personal budget option is considered, please complete details below:

Outcome needing additional resource	Education support arrangements	Funding source (Education/Health/Social Care)	Proposed allocation

Actions Agreed following the Annual Review Meeting

Action	By Whom	By When

Current Involvement of Services and Professionals (Tick all that apply)

Educational Psychology		Integrated Service for Disabled Children	
Education Welfare Service		Children's Services	
Integrated Physical and Sensory Service		Adult Social Care	
Hearing Support Service		Paediatrician	
Visual Impaired Service		Speech and Language Therapy	
Autism Spectrum Education Team		Occupational Therapy	
Locality Support		Physiotherapy	
Child and Family Support		Child, Adolescent and Mental Health Service	
Families Initiative		Children's Community Nursing Service	
Primary Behaviour Support		Health Visitor Team	
Darley Centre		School Nursing Team	
Coritani Academy		Information, Advice and Guidance	

Early Learning Development Centre		Youth Offending Service	
Complex & Medical Needs Education Team		Independent Providers (arranged by School)	
SEN Leading Teachers Team		Other	
Looked After Children's Education Service		Other	
Early Years Provider (eg Nursery)		Other	

Persons Required to Contribute to this Annual Review Meeting (list all services / professionals involved)

Name	Profession / Role	Written report (Y / N)		Attended (Y / N)
		Requested	Received	
	Pupil			
	Parent / Carer			
	SENCo			
	SEND Representative			

Please send a copy of this completed Form to all persons invited to the Annual Review meeting within 2 weeks of the date of the meeting.

A copy of this Form must also be sent to the Local Authority by not later than 2 weeks after the date of the Annual Review meeting. Please ensure that copies of all reports and documents considered at the meeting are attached.

For Office Use (SEND Team to Complete Review)

Maintain the EHCP in its present form	<input type="checkbox"/>	Cease to Maintain the EHCP	<input type="checkbox"/>
Amend the EHCP	<input type="checkbox"/>	Consider full reassessment	<input type="checkbox"/>
Annual Review completed within 12 months of last review OR;			<input type="checkbox"/>
Annual Review completed within 12 months of new plan being issued?			<input type="checkbox"/>
Signed (SEN Officer)	<input type="text"/>	Date	<input type="text"/>