**EDUCATION, HEALTH AND CARE PLAN**

**ANNUAL REVIEW REPORT**

Please insert an image chosen by the child / young person



NAME OF CHILD / YOUNG PERSON

|  |
| --- |
| This review has been completed by |
| Name: |  | Designation: |  |
| Name of Educational Setting:  |  |
| Provision map included (please circle) | Yes | No |

|  |  |
| --- | --- |
| Date of the Annual Review  |  |
| Date this report was sent to the LA |  |

GENERAL INFORMATION

Please highlight any information that has changed from that which is provided in the current Education, Health and Care Plan

|  |
| --- |
| Child / Young Person Information |
| Name: |  |
| Home Address: |  |
| Date of Birth: | Click to enter D.O.B | Gender: |  |
| Ethnicity |  | Religion: |  |
| Languages spoken at home |  | Is an interpreter required? |  |

|  |
| --- |
| Parent /carer 1 Information |
| Name: |  |
| Address: |  |
| Telephone:  |  |
| Email:  |  |

|  |
| --- |
| Parent /carer 2 Information |
| Name: |  |
| Address: (if different from above) |  |
| Telephone:  |  |
| Email:  |  |

|  |
| --- |
| Health contact Information |
| Name of GP: |  | NHS Number: |  |
| Address of GP: |  |

|  |
| --- |
| Social Care Indicators: is the child / young person… |
| Looked after by the Local Authority? | Yes | No |
| Subject to a Child Protection Plan? | Yes | No |
| Identified as a Child in Need? | Yes | No |

Practitioners working with and supporting the child / young person and their family:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of service and/or Practitioner  | Job Title | Contact details | Invited to review? | Attended? |
|  |  |  |  |  |
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SECTION A

ALL ABOUT ME

Please use the following as suggestions for a conversation around achievements and aspirations. It is by no means a comprehensive list and can be used to record any relevant comments that the child / young person wishes to add. Please use resources such as the ‘Person Centred Reviews for Schools’ book to develop the information for this section.

|  |
| --- |
| My achievements and successes over the past year |
|  |

|  |
| --- |
| What my family would say are my key achievements and successes over the past year |
|  |

|  |
| --- |
| What my school /college would say are my key achievements and successes over the past year |
|  |

THE FUTURE

|  |
| --- |
| My aspirations and goals for the future: if they are different from what is stated in my EHC Plan |
|  |

|  |
| --- |
| Things I like about me now |
|  |

|  |
| --- |
| Things others like about me now |
|  |

|  |
| --- |
| Things I’m good at now |
|  |

|  |
| --- |
| What is working well for me now |
|  |

|  |
| --- |
| Things I now like: if they different from what is stated in my EHC Plan |
|  |

|  |
| --- |
| Things I now don’t like: if they are different from what is stated in my EHC Plan |
|  |

|  |
| --- |
| What I’d like to change |
|  |

|  |
| --- |
| How I now need to be supported to be heard and understood: if this is now different from what is stated in my EHC Plan  |
|  |

|  |
| --- |
| Did anyone help me with this part? If so, what is their name and how did they help you? |
|  |

SECTION B
IDENTIFYING ANY CHANGES TO MY EDUCATION, HEALTH AND CARE NEEDS

|  |
| --- |
| COGNITION AND LEARNING |
| What can Name of the Young Person do now that she/he could not do at the time of the last review? If there has been no progress please explain the reason(s) why. |
|  |
| Any changes to Name of the Young Person’s special educational needs? |
|  |

|  |
| --- |
| COMMUNICATION AND INTERACTION |
| What can Name of the Young Person do now that she/he could not do at the time of the last review? If there has been no progress please explain the reason(s) why. |
|  |
| Any changes to Name of the Young Person’s special educational needs? |
|  |

|  |
| --- |
| SENSORY AND/OR PHYSICAL |
| What can Name of the Young Person do now that she/he could not do at the time of the last review? If there has been no progress please explain the reason(s) why. |
|  |
| Any changes to Name of the Young Person’s special educational needs? |
|  |

|  |
| --- |
| SOCIAL, EMOTIONAL AND MENTAL HEALTH |
| What can Name of the Young Person do now that she/he could not do at the time of the last review? If there has been no progress please explain the reason(s) why. |
|  |
| Any changes to Name of the Young Person’s special educational needs? |
|  |

**PROGRESS AND LEVELS OF ATTAINMENT OVER TIME**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SATS or teacher assessments | Outcomes of any previous assessments | Date of previous assessments | Outcomes of most recent assessments | Date of most recent assessments |
| End offoundation stage assessments /baseline assessments |  |  |  |  |
| Reading |  |  |  |  |
| Writing |  |  |  |  |
| Comprehension |  |  |  |  |
| Mathematics |  |  |  |  |
| Science |  |  |  |  |
| OthersPlease specify (e.g. vocational) |  |  |  |  |

**ATTENDANCE RECORD DURING THE PAST YEAR**

|  |
| --- |
| Please provide the percentage of authorised and unauthorised attendance, along with any other relevant information.  |
|  |

SECTION C

HEALTH

|  |  |  |
| --- | --- | --- |
| Has the child’s / young person’s health needs changed in the last year? | Yes | No |
| Current health package is: |  |
| If the health needs have changed, please indicate how? |
|  |

SECTION D

SOCIAL CARE

|  |  |  |
| --- | --- | --- |
| Has the child’s / young person’s care needs changed in the last year? | Yes | No |
| Current health package is: |  |
| If the health needs have changed, please indicate how? |
|  |

REVIEW OF CURRENT OUTCOMES IN EHCP

Please use the following to discuss progress towards and achievements made regarding the current within the young person’s EHCP.

|  |  |  |
| --- | --- | --- |
| Outcome | Achieved / Partially met / Not achieved | Reason (Please attach relevant reports) |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| CAN THE OUTCOMES FOR THE NEXT YEAR/STAGE BE MET THROUGH THE LOCAL OFFER? | Yes | No |
|  |

|  |  |  |
| --- | --- | --- |
| IS AN EDUCATION, HEALTH AND CARE PLAN STILL REQUIRED? | Yes | No |
|  |

SECTION E

OUTCOMES FOR THE NEXT YEAR

Please only complete this section if an EHC Plan is required

An outcome is described as “the benefit or difference made to an individual as a result of provision”

|  |
| --- |
| **1-**  |
| Steps towards the outcome? |
| *
 |
| Strategies to support Name of the Young Person’s to make measurable progress |
| *
 |

|  |
| --- |
| **2-**  |
| Steps towards the outcome? |
| *
 |
| Strategies to support Name of the Young Person’s to make measurable progress |
| *
 |

|  |
| --- |
| **3-**  |
| Steps towards the outcome? |
| *
 |
| Strategies to support Name of the Young Person’s to make measurable progress |
| *
 |

|  |
| --- |
| **4-**  |
| Steps towards the outcome? |
| *
 |
| Strategies to support Name of the Young Person’s to make measurable progress |
| *
 |

|  |
| --- |
| **5-**  |
| Steps towards the outcome? |
| *
 |
| Strategies to support Name of the Young Person’s to make measurable progress |
| *
 |

**PROVISION**

All Annual Reviews should include consideration of the appropriateness of the level of support attached to the Plan. Schools/Colleges/Providers need to consider whether the current level of provision is necessary. The LA will review all the provision and decide whether the level of support should remain the same, decrease or increase. The LA will scrutinise any new outcomes to ensure that they require additional resources or if they can be met with SEN School Support and/or Quality First Teaching. The LA will also consider if it should cease to maintain the EHCP.

|  |  |  |  |
| --- | --- | --- | --- |
| Questions | YES | NO | Reason (Please attach any relevant reports) |
| Are the outcomes deliverable through school SEN Support and Quality First Teaching? |  |  |  |
| Should the LA continue to maintain the EHCP? |  |  |  |
| Does the EHCP need to be amended? (Please specify which sections require amendments) |  |  |  |
| Is there a shared understanding of how the current support is being used? |  |  |  |
| Is a change in the level of support required?**(Please attach an individual provision map)** |  |  |  |

|  |
| --- |
| The Annual Review report should reflect the views of everyone at the meeting and not just the consensus. Please record here any different views that any attendees have expressed. |
|  |

|  |
| --- |
| **Safeguarding** |
| Have any safeguarding concerns been raised during the Annual Review?  | Yes | No |
| If you have answered Yes, please state what the concerns are and what action is to be taken and by whom? |
|  |

SECTION I

|  |
| --- |
| **EDUCATION PLACEMENT** |
| Name of current setting: |  |
| Type of current setting:  |  |
| Is there any evidence the current placement is no longer appropriate? | Yes / no |
| If you answered yes above, please outline why the current placement can no longer meet the needs of the young person.  |
|  |
| Please provide the Headteacher’s / Principle’s report including any reasonable adjustments already made:  |
|  |
| Is the child / young person due to move school at the end of the next academic year?  | Yes / no |
|  |
| Name of school / college / training provider (if known) |  |
| Date of expected transfer  |  |

|  |
| --- |
| **PERSONAL BUDGET** |
| Has a personal budget been requested by the parents/carers or young person? | Yes | No |
| If yes, please specify the details of the request |  |

SIGNED ON BEHALF OF THE SCHOOL / EDUCATION SETTING

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPENDIX 1
REPORTS AND ASSESSMENTS

Below is a list of all reports and assessments that have been used to help write this plan.

|  |  |  |
| --- | --- | --- |
| REPORT / ASSESSMENT | NAME / ROLE OF AUTHOR / CONTACT DETAILS  | DATE OF REPORT |
| Child / parent additional advice |  |  |
| Educational advice |  |  |
| Medical advice |  |  |
| Psychological Advice |  |  |
| Social Care Advice |  |  |
| Advice from others |  |  |
| LA Advice since the last assessment |  |  |
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