**Standard Annual Review Form**

**This template is for a standard Annual review where no significant changes are being requested. Please refer to the “Change” Template if significant changes are required.**

|  |  |
| --- | --- |
| Child/Young person name: |  |
| UPN: |  |
| Date of Birth: |  |
| Setting Name: |  |
| NC Year Group: |  |
| Date of this Annual Review: |  |
| Date of Last Annual Review: |  |
| Date of initial EHC Plan: |  |
| Date of updated EHC Plan: |  |
| Local Authority Banding: |  |

|  |  |  |
| --- | --- | --- |
| Looked After | Yes | No |
| Special Guardianship | Yes | No |
| Child in Need | Yes | No |
| High Needs funding agreed (post-16 only, leave blank if not post-16) | Yes | No |

|  |  |
| --- | --- |
| Other pertinent social care information (leave blank if none) |  |

|  |  |  |
| --- | --- | --- |
| **Attendance Information** | | |
| Date of Admission |  | |
| % Attendance in last Academic Year |  | |
| If below 90%:  % Authorised % Unauthorised |  | |
| Attendance Welfare Service Referral | Yes | No |

**Annual Review invitees and attendees**

List those invited to Annual Review: e.g., child/young person, parent/carer, headteacher/SENCO, class teacher, social worker, health professional, EHC team member. Please indicate who is the key worker for the child/young person.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Role** | **Invited to review meeting?** | **Attended review meeting** | **Provided written advice YES/NO**  **(please attach)** |
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**Section A – All about me**

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| --- | --- | --- |
| **Are the contact details correct in the EHCP?** | Yes | No |
| If no, please provide changes to contact details that should be made to the EHCP here |  | |

**Annual Review Discussion**

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| **Annual Pupil progress and provision:**  This is a review of achievements and progress and will not involve amending the targets on the EHCP. |
| **Achievements this year:** |
| **What are the current levels of attainment and progress:** |
| **Targets for next year:** |

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| **Annual Review Discussion points:** *Please ensure Annual Review discussions are person-centred and reflected in AR discussions points below. If you wish to document any further evidence of the child or young person’s views, please submit this in addition to the AR document but not in replacement of completing this section.  Please discuss progress towards the Outcomes in the EHCP and use this to decide the targets for the next year.* |
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| **Key Actions:** |
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**It would also be helpful for schools to include Aspirations of the child, Preparation for Adulthood, where appropriate and note any discussion in the box above. Discussions around Preparation for Adulthood can include children and young people who may transition to Day Service, supported internships and work experience. More information can be found at the local offer website below.**

**Tower Hamlets Local Offer: localoffertowerhamlets.co.uk**

**Reviewing the EHC Plan**

|  |  |
| --- | --- |
| **Are the following sections still accurate within the EHC Plan:** | |
| **B – Current needs** | Yes |
| **C, G – Health needs and provision** | Yes |
| **D, H1, H2 – Social Care needs and provision** | Yes |
| **F – Provision** | Yes |

|  |  |
| --- | --- |
| **Date for next Annual Review** |  |

**This report should be signed by the Headteacher/Principal of the pupil’s educational setting and must be returned within 14 days of the Annual Review meeting date.**

**This form should be sent electronically to all those who attended and must be sent to** [**sen.annualreviews@towerhamlets.gov.uk**](mailto:sen.annualreviews@towerhamlets.gov.uk) **with:**

* **a copy of all the written advice received (e.g. child/young person, parent/carer or other agency reports)**

|  |  |
| --- | --- |
| **Name and Job Role:** |  |
| **Date:** |  |
| **Signature:** |  |