**Change Annual Review Form**

**For use at the end of Key Stages, phase transfer, discussions on Preparing for Adulthood or when a significant change to funding or provision is required. Please refer to the “Standard” Template if no 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) |  |

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| **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 |  |

**My Views**

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| **My Dreams and Aspirations - What do I hope and wish for in the future?** |
| **Things I think I am good at.** |
| **Things I find tricky or things I am working on.** |
| **Things I like and enjoy.** |
| **How I like to be helped and supported.** |
| **Who completed this?** |  |

**My Family’s Views**

|  |
| --- |
| **Our aspirations for INSERT CHILD or YOUNG PERSON’S NAME:** |
| **INSERT CHILD or YOUNG PERSON’S NAME’s History:** |
| **Things we would like people to know about INSERT CHILD or YOUNG PERSON’S NAME:** |
| **How best to communicate with INSERT CHILD or YOUNG PERSON’S NAME:** |
| **Additional information you feel is important for people to know:** |

**Annual Review Discussion**

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| --- |
| **What is important to INSERT CHILD OR YOUNG PERSON’S NAME HERE?** |
| **What is working well? (Invite all participants to contribute.)** |
| **What are the key strengths and achievements?** |
| **What could work better?** |
| **Are there any other points that have been discussed that should be noted?** |

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| **What are the current levels of progress and attainment:**This could be copied and pasted from the schools MIS. Previous year and current year. |

**Section E – Outcomes**

School to insert current outcomes here from EHCP / Last Annual Review (to be completed prior to the AR meeting and shared with parents/ carers/ professionals invited in advance). When looking at outcomes also refer to provision to see if this also remains appropriate. Add additional rows for more targets if necessary.

|  |  |  |
| --- | --- | --- |
| **Communication and Interaction** | **Met / partially met / working towards** | **New Outcome (if applicable) ref to other professionals** |
| **EHC Key Stage Target** |  |  |  |
| **Annual Target** |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Cognition and Learning** | **Met / partially met / working towards** | **New Outcome (if applicable) ref to other professionals** |
| **EHC Key Stage Target** |  |  |  |
| **Annual Target** |  |  |  |

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| --- | --- | --- |
| **Social, Emotional and Mental Health** | **Met / partially met / working towards** | **New Outcome (if applicable) ref to other professionals** |
| **EHC Key Stage Target** |  |  |  |
| **Annual Target** |  |  |  |

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| --- | --- | --- |
| **Physical and Sensory** | **Met / partially met / working towards** | **New Outcome (if applicable) ref to other professionals** |
| **EHC Key Stage Target** |  |  |  |
| **Annual Target** |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Independence and Self Help** | **Met / partially met / working towards** | **New Outcome (if applicable) ref to other professionals** |
| **EHC Key Stage Target** |  |  |  |
| **Annual Target** |  |  |  |

**Preparing for Adulthood Outcomes**

These should be used for the new EHCP outcomes from Year 9 onwards.

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| --- | --- | --- | --- |
| **Employment**  | **Met / partially met / working towards** | **Progress** | **New Outcome (if applicable)**  |
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| --- | --- | --- | --- |
| **Independent Living**  | **Met / partially met / working towards** | **Progress** | **New Outcome (if applicable)**  |
|  |  |  |  |
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| --- | --- | --- | --- |
| **Community Inclusion** | **Met / partially met / working towards** | **Progress** | **New Outcome (if applicable)**  |
|  |  |  |  |
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| --- | --- | --- | --- |
| **Health** | **Met / partially met / working towards** | **Progress** | **New Outcome (if applicable)**  |
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**Agreed Actions**

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| **Actions stemming from discussion and review of the child’s progress.** |
| **Action** | **Carried out by who?** | **When?** |
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**Reviewing the EHC Plan**

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| **This checklist is to be used in conjunction with reviewing and updating the EHC Plan. When updating the EHC Plan please use blue for inclusions or red for deletions.** **Are the following sections still accurate within the EHC Plan:** |
| **B – Current needs** | Yes | NoPlease indicate page where suggested updates are on EHCP. |
| **C, G – Health needs and provision** | Yes | NoPlease indicate page where suggested updates are on EHCP. |
| **D, H1, H2 – Social Care needs and provision** | Yes | NoPlease indicate page where suggested updates are on EHCP. |
| **F – Provision** | Yes | NoPlease indicate page where suggested updates are on EHCP. |

**Please ensure the parental views form is enclosed with this Annual Review for Section A to be amended.**

|  |  |
| --- | --- |
| **The saved parental views document file can be dragged and dropped here:** |  |

**If you have answered no to B, C, D or Provision in Section F, please indicate where the EHC Plan is inaccurate with suggested updates on the EHCP document and submit with this Annual Review document.**

|  |  |
| --- | --- |
| **The EHCP with suggested changes document file can be dragged and dropped here:** |  |
| **Any other document files to support the AR can be dragged and dropped here:** |  |

|  |  |  |
| --- | --- | --- |
| **Does child/young person receive support with travel?** | Yes | No |
| **Are the current travel arrangements still suitable?****If No, please provide further details and supporting evidence.** |  |

|  |  |  |
| --- | --- | --- |
| **Is an EHC Plan still required?** | **Yes** | **No** |
| Please record your reasons why the EHC plan should be continued or ceased. |  |
| **Does the EHC Plan require updating?** | **Yes** | **No** |
| **If yes above, please specify below:** |  |
| EHC Plan not accurate | **Yes** | **No** |
| Key Stage Transfer | **Yes** | **No** |
| Change of provision/banding | **Yes** | **No** |
| Change of placement  | **Yes** | **No** |
| Statutory Re-Assessment | **Yes** | **No** |

**If you answered yes to any of the above, please make suggested alterations to the EHCP and provide written evidence to support any request for an amendment. i.e. covering letter, teacher report, assessment info, professional report.**

|  |  |
| --- | --- |
| **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** **with:**

* **a copy of all the written advice received (e.g. child/young person, parent/carer or other agency reports) This can be embedded in the above indicated areas.**
* **an electronic copy of the EHCP showing any suggested changes**

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