**Parent/Carer’s views to be included in the Annual Review of an EHC Plan**

Parents/Carers may wish to seek the support of their child’s/school/setting in light of any needs or requirements they may have, to ensure a person centred approach to collecting this information. If necessary, the school/setting should make any adaptations to the layout, wording or the way that the information is collected to ensure accessibility.

To be circulated at least two weeks prior to the Annual Review of an EHC Plan meeting

*This form should be completed by the parents/carers with parental responsibility for the child/young person*

*Some parents/carers may wish to complete one form each. If parents/carers are completing this form electronically, the boxes in each section will expand as they type. Otherwise, additional pages can be added.*

|  |  |  |  |
| --- | --- | --- | --- |
| Please return to   |   | By  |  |
| Date of Review  |  | Time of Review |  |
| Location of the Review  |  |

|  |
| --- |
| **Details of child/young person** |
| Name  |  | Date of birth  |
| Year group  |  |  |

|  |
| --- |
| **Details of person completing this form** |
| Name  | Relationship to child/young person |
| Address  | Phone number Email  |
| Home Language | Is either parent/carer a serving member of her Majesty’s Armed Forces? Y/N |
| I will be attending the Annual Review meeting *(please mark with an x)*Yes No  |

|  |
| --- |
| **Information sharing and how we will use your data** |
| Information from external services will be sought to inform decision making in relation to this Transfer Review, and any Education, Health and Care Plan that may result. Young people who have reached the end of the academic year in which they are sixteen must give consent for themselves, if they have the mental capacity to do so. All young people of this age are also required to complete the mental capacity form. We may also share information with other council departments or external organisations in order to undertake our functions as a Local Authority. We will always comply with the requirements of the Data Protection Act 1998 and never give information about you to anyone else, or use information for another purpose unless the law allows us. If you want to know more about how your information is used, visit [www.barnet.gov.uk/privacy](http://www.barnet.gov.uk/privacy) Please sign below to indicate that you have read and understood this statement |
| **Signed** |  | **Date** |  |

|  |
| --- |
| **Have there been any significant changes in your child or young person’s circumstances that have affected their development or progress?** *(You may wish to include any updated medical diagnosis, changes in family circumstances, living arrangements, or any new reports that you may have etc.)* |
|  |

|  |
| --- |
| **Things that we are pleased about.** *E.g. In what areas do you think your child or young person has made progress?**What significant achievements do you feel they have accomplished over the past year? (Both in and outside of school/educational setting)**How the support is working for your child/young person, any comments about Health or Social Care input if applicable.**Please add an additional sheet if necessary* |
|  |

|  |
| --- |
| **Things we are concerned about (if any)** |
|  |

|  |
| --- |
| **What progress do you feel your child or young person has made towards achieving the SHORT TERM outcomes in their Plan? Do you feel that the outcomes have been achieved? Please explain below** *(this will be discussed at the Review meeting)* |
|  |

(Continue on a separate sheet if necessary)

|  |
| --- |
| **Do the LONG TERM outcomes in their Plan remain relevant? Do you think that any changes to the LONG TERM outcomes are needed? Please explain below** *(If there are specific things (outcomes) that you would like your child or young person to achieve in the next 2-4 years, please state what they are here. This will be discussed at the Review meeting)* |
|  |

|  |
| --- |
| **Do you think any changes are needed in the coming year to help your child or young person to make progress? If so, what?** |
|  |

|  |
| --- |
| **If the Local Authority provides home to school transport for your child, please comment on how your child is being helped to become a more independent traveller in the future.** |
|  |

|  |
| --- |
| **Do you wish to request a personal budget to make the provision specified in the Plan, or request changes to any existing personal budget?** *(The school/setting should provide you with information about personal budgets or sign post you to where you can find this)* |
|  |

|  |
| --- |
| **Any other comments you want to make.** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Date** |  |