**Professional Advice to contribute to a review of an EHC Plan**

*(When completed, Schools/settings must circulate this form to all those invited to the Review meeting at least two weeks before the meeting takes place. Therefore schools/settings must seek this advice well in advance to ensure that it is available for circulation at least two weeks before the meeting)*

**Guidance to Practitioners**

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| **Please complete all sections of this form in full and provide your latest assessment/report.** |

**In all cases, if you have completed a report/advice over the past year this must be included, even if you have completed this summary information.**

**If any of the required information is not provided, the Local Authority will require an updated report from you and will need to contact you to arrange this.**

**Please complete sections under all the headings. This advice will contribute to the Annual Review of an EHC Plan. Therefore, you should have the EHC Plan in front of you and refer to this where necessary to help you to complete this advice.**

**Please ensure that any outcomes you might suggest have been discussed with the child/young person/parent/carer.**

**Outcomes recommended in advices may be adapted, and those that appear in the subsequent Plan will be drawn from the suggestions made by the child/young person, parent/carer, professionals and setting.**

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| **Details of child/young person** | | | | | |
| **Name** |  | **Year group** |  | **Date of birth** |  |
| **Name of Setting** |  |  |  | **NHS Number** |  |

*Please Highlight the service you represent*

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| CCG (NHS) Community Paediatrician | CAMHS |
| Speech and Language Therapy | Occupational Therapy |
| Physiotherapy Services | Specialist Advisory Teachers |
| Continuing Care | Educational Psychologist |
| School Nursing Service | Social Care |
| Counsellor/other therapy provider | Others: please state |

**To be completed by the Professional**

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| **Details of person completing this form** | | | | |
| **Name** | **Role** | | | |
|  |  | | | |
| **Address** | **Tel** | | | |
|  |  | | | |
| **Email** | **Name of Service if not NHS** | | | |
|  |  | | | |
| **I will be attending the SEN Review *(mark with an x)*** | **Yes** |  | **No** |  |
| **I attach my advice for the Review** | **Yes** |  | **No** |  |
| **I will not be attending the Review meeting as I have had no recent involvement with this child/ young person** | | | |  |

**Summary of current or recent involvement**

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| *Briefly describe your involvement with the child or young person*  *The frequency, amount and nature of your input, or input provided on behalf of your service*  *Examples:*   * *I completed an assessment 2 years ago and have carried out a review/reassessment to contribute to the annual review.* * *Or- I completed an assessment last year and have been providing direct therapy on a fortnightly basis since then* * *Or- I carried out a medical review 2 months ago in relation to this child’s medical needs/epilepsy etc. and reviewed/changed his medication. I have made a referral to the neurologist Dr X. Her contact details are…* |
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| Specify any recommendations to the provision made in relation to the child/young person during the past year in your specialist area only |
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**Changes to the needs of the child/young person related to their SEN**

*Detail any changes to need since the last Annual Review or, if this is the first Annual Review of the Education, Health and Care Plan, the date of the Plan.*

**Only provide information relevant to your own area of specialism**

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| Describe any changes to the current needs using the sub headings that you would usually use in relation to your service e.g. expressive/receptive language/attention and listening/ social interaction/play skills/ - gross motor control/fine motor control/ sensory processing skills/hearing or visual impairment/ social emotional or mental health needs etc.  * Highlight any significant new needs or change in need identified. * Include any recent assessment information e.g. results of any standardised tests where applicable, observations, etc.  Describe how any new needs identified may impact on the child/young person’s ability to access education |
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| **New Diagnosis**, **if any** Specify any new diagnosis within your own specialism. You must include details of when the diagnosis was made and by whom, and enclose a relevant report*.*  If necessary describe what the diagnosis means. |
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**Changes to the needs of the child/young person not related to their SEN.**

*You may wish to specify any changes to the needs* ***in relation to your own specialist area*** *which are NOT related to the special educational needs.*

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| **Needs NOT related to their SEN**  E.g. allergies, asthma, diabetes etc. |
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# **Review of progress in relation to the child/young person’s outcomes that are relevant to your specialist area**

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| **Describe the progress made since your last assessment** **/over the past year, as appropriate** *including:*   * *progress towards meeting outcomes suggested in any previous report from your service,* * *progress towards meeting the outcomes specified in the EHC Plan* * *whether or not an outcome has been met* * *whether or not an outcome remains appropriate* * *NB please restrict your information to that relating to your specialist area* |
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| *When reviewing the EHC Plan, the long term outcomes may remain unchanged, and the short term outcomes in the Plan should normally have been met. In this case, new short term outcomes related to the long term ones should be discussed and recorded below.*  *If the long term outcomes have been met, then new long term outcomes, and related short term outcomes should be discussed with the child/young person and/or the adult before being submitted and at the meeting itself. Record recommended outcomes below.* *You do not need to recommend more than one outcome if this is not appropriate.**Add more boxes as necessary to suit the number of long term outcomes required**There may be a few short term outcomes relating to each long term outcome*  * *For phase transfer stages of their education (e.g. Years 2, 6, 11 etc.), the intended long term outcomes will need to focus on the next stage of their education or training.* |

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| Long term outcome (to the end of the key stage):Short term outcome(s) (within the next 12 months): |
| Recommended provision to meet these outcomes ( *may include comments on recommended provision/learning environment such as seating, curriculum adaptations, specific approaches etc. and recommended changes to current arrangements as related to the specific outcomes you have described in relation to your service)* |
| Who is going to provide it, how often will it be provided, when will it be reviewed & by whom *(please specify any input required from within the school setting including the frequency, type of intervention and level of training of the practitioner in relation to your specialist area only)* |

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| **Please confirm that the suggested outcomes have been discussed with the child/young person/parent/carer/Teacher/SENCo**  **(Y/N) and indicate who** |  |

**Personal Budgets**

*This section must provide detailed information about any personal budget or direct payment that is or will be provided by your service to meet the special educational needs and outcomes, and/or health needs and outcomes that you have detailed above. If none, state ‘not applicable’. This section must be completed in full.*

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| **Name of person responsible for managing the personal budget or direct payment on behalf of the family or young person**  *(this may be the young person, a member of their family, or someone from another organisation)* | |
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| **Relationship to child/young person** *(parent/carer/name of other organisation/service etc.)* | |
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| **Outcomes to which the personal budget/direct payment will contribute** | |
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| **Provision made through the personal budget/direct payment, including who will provide it, what will they do, when and how often will it be reviewed and by whom**  ***(NB- all these details MUST be provided)*** | |
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| **Value of Personal Budget/Direct Payment** |  |
| **Arrangements for payment of Personal Budget/Direct Payment** |  |

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| **Name** |  |
| **Job Title** |  |
| **Signature** |  |
| **Date of Completion** |  |