|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  | Current Year Group |  |
| **Ethnicity** |  | Chronological Yr if different  |  |
| **Gender** |  |
| **Address** |  |
| **Home contact number**  |  |
| **Primary/Secondary Need** |  |
| **Date of Review Meeting** |  | Date of last review(Annual or Conversion |  |
| **Reason for review** | 11-12 months since the Final EHCP/last review |  |
| For emergency reasons as needs have changed |  |
| **Current School placement** |  |

|  |  |
| --- | --- |
| **Unique Pupil Number** |  |
| **Name of Social worker** **(where applicable)** |  |

|  |  |
| --- | --- |
| **Is this young person looked after?** |  |
| **Full Care Order, Interim Care Order, Section 20 or other** |  |

|  |  |
| --- | --- |
| **Name of Parents/Carers****Who has parental preference? (if applicable)** |  |
| **Address/Contact Number** ***(if different from above)*** |  |

|  |  |
| --- | --- |
| **Date last EHCP issued***(Paperwork MUST include the last Final EHCP as evidence that the correct document was reviewed)* |  |

1. **Views, Interests and Aspirations**

|  |
| --- |
| **What is the young person’s view of their progress, interest and their aspirations**  |
|  |
| **What are the parent’s views of the young person’s progress, interest and their aspirations:** |
|  |

**2. Progress towards achieving the outcomes specified in the EHCP.**

Please specifically comment on the young person’s rate of progress (i.e. progress over time)

**NOTE:** The outcomes on the EHCP were intended to cover a 2 to 3 year period and **should not** be changed unless there are significant reasons to do so e.g. a change of placement is needed in order to support the Young person’s progress towards the outcomes.

|  |  |
| --- | --- |
| **Outcome (1)** | **Progress:** |
| **Outcome (2)** | **Progress:** |
| **Outcome (3)** | **Progress:** |
| **Outcome (4)** | **Progress:** |

Short term outcomes will be set and agreed through target planning between school, young person and their parents/carers.

**Summative comment on progress:**

|  |
| --- |
|  |

1. **Summary of actions from Annual Review**

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| --- |
|  |

If you **are not recommending changes** to the EHCP please:

* agree in the review the short term outcomes for the next year, strategies to achieve them and attach to this document.
* Ensure that the c&yp’s view and that of their parents is filled in under “Views, Interests and Aspirations”
* Proceed to Section 8
1. **Suggested changes to the EHCP wording**

**Note:** Any requested changes to be made to the EHCP must be carried out on the latest version of the EHCP using **Bold** for suggested wording changes and ~~Strike~~ through function for suggested deletions.

Please attach reports from professionals who support the young person and young person level of need and support any suggested changes. Minor changes may not result in an amended EHCP.

Please use the boxes below to record any conversations held during the meeting.

|  |
| --- |
| **Any significant changes in circumstances:*** **Please provide a summary of any changes in the young person’s family situation and educational history**
* **Summarise any changes of involvement with services providing advice for the young person.**

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|  |

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| --- |
| **Summary of the young person’s strengths and Special Educational Needs.** |
|  |

**Health needs which relate to Special Educational Needs**

|  |
| --- |
| Please comment on any health needs that relate to the young person’s SEN: **(this should be information provided by a health professional)** |
|  |

**Any Health needs which DO NOT relate directly to Special Educational Needs**

|  |
| --- |
| Please comment on any health needs the young person may have that do not relate to their SEN e.g. diabetes **(this should be information provided by a health professional):** |
|  |

**Social Care needs which relate to Special Educational Needs**

|  |
| --- |
| **Please comment on any changes to the Social Care needs that relate to the young person’s SEN: e.g. Visual impairment requiring rehabilitation training** *(this should be information provided by a social care professional).* |
|  |

**Any Social care needs which DO NOT relate directly to Special Educational Needs**

|  |
| --- |
| **Please comment on any changes to the social care needs the young person may have that do not relate to their SEN e.g. family pressures that require respite care** *(this should be information provided by a social care professional).* |
|  |

1. **Suggested changes to Outcomes.**

This section should only be completed during a Key Stage Transfer, when Outcomes have been achieved or if there is a significant change in need.

|  |
| --- |
| **Please provide reasons and evidence (where possible supported by professionals)** |
| **Communication and Interaction** |
| **Cognition and Learning**  |
| **Social, Emotional and Mental Health**  |
| **Sensory and/or Physical** |

1. **Suggested changes to Provision.**

Provision refers to programmes or support that needs to be put in place to help the young person make progress towards the outcomes. **Note:** Health or social care provision which educates or trains a young person must be treated as special educational provision.

**Communication and Interaction**

|  |
| --- |
| **Changes to Special Educational Provision. Please provide reasons and evidence (where possible supported by professionals)** |
|  |

**Cognition and Learning**

|  |
| --- |
| **Changes to Special Educational Provision. Please provide reasons and evidence (where possible supported by professionals)** |
|  |

**Social, Emotional and Mental Health**

|  |
| --- |
| **Changes to Special Educational Provision. Please provide reasons and evidence (where possible supported by professionals)** |
|  |

**Sensory and/or Physical**

|  |
| --- |
| **Changes to Special Educational Provision. Please provide reasons and evidence (where possible supported by professionals)** |
|  |

|  |
| --- |
| **Summary of final recommendations and actions from Annual Review** |
|  |

**7. Achievements**

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| --- |
| **Predicted or achieved grades/qualifications results or relevant accreditation** |
|  |

|  |
| --- |
| **Predicted or achieved Foundation or level 1/2 course** |
|  |

|  |
| --- |
| **Other accreditation, assessments or achievements**  |
|  |

1. **Short term outcomes have been agreed for the next year and are attached to this review. Yes/No**
2. **Advice & Information - Contributors to the EHCP Annual Review Meeting/Process**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Position** | **Contact details (address/telephone/email)** | **Report Attached Y/N****(inc date)** | **Attendance at meeting****Y/N** |
|  |  |  |  |  |
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1. **Placement**

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| --- | --- | --- |
| Current school placement remains appropriate | Yes | No (please state type of school requested) |

1. **Transition**

**Transition plan**

|  |
| --- |
| **Following the completion of their course, what is the young person moving on to i.e. Employment, Apprenticeship, HE or other Educational placement. Outline their future plans and what are the next steps/actions required to ensure the young person can successful transition to their next destination?** ***NB what transitional arrangements need to be agreed, does the young person travel independently, if moving on to HE are they independent learners and if applicable have applied for study support ect*** |
|  |

|  |  |
| --- | --- |
| **Signature on behalf of the school** |  |
| **Name:** |  |
| **Date:** |  |

|  |
| --- |
| **Outcomes of the Annual Review - to be completed AT END of the review meeting****PLEASE ENSURE THIS TABLE IS COMPLETED FULLY AND CLEARLY** |
| **For pupils with Statements of SEN / EHCP:** |  |
| 1 | Pupil’s EHCP need amending – please attach a copy of current plan with the proposed wording changes included. | **YES / NO** |
| 2 | Recommendation for a pupil to transfer to another school | **YES / NO** |
| 3 | The plan should cease | **YES / NO** |
| **For pupils with NO Statement of SEN or NO Education Health Care Plan (EHCP):** |  |
| 4 | An EHCP is requested: | **YES / NO** |
| Please indicate reason:1. Specialist provision may be requested to meet pupil’s needs
 | **YES / NO** |
| 1. Parent/Carer request
 | **YES / NO** |
| 1. Please state any other reason:
 |
| **For all pupils:** |
| 5 | a) Request to be made to TopUp Panel for TopUp funding | **YES / NO** |
| b) Request to be made to TopUp Panel for continuation of current TopUp | **YES / NO** |
| 6 | Date of TopUp Panel to which school is applying? (must be within 12 months of AR date) – Please complete **Section D** – application for NFF funding | **MAY / NOV** |

**Headteacher’s Signature…………………………………………….….Date….……...…**

**Parent/Carer signature…………………………………………...……..Date…..………..**

|  |
| --- |
| **The following checklist MUST be completed and relevant documents attached as appropriate:** |
| Attendance print out |  | Any other reports, as appropriate: |  |
| Pupil contribution |  | EP report |  |
| Parent/Carer contribution |  | ASDOT |  |
| Costed Individual Provision Map/Plan |  | BIT |  |
| Costed School Provision Map/Plan |  | LIT |  |
| IEP |  | Early Years report  |  |
|  |  | Medical Report |  |
|  |  | S&LT |  |
|  |  | Physio |  |
|  |  | OT |  |
|  |  | CAMHS |  |
|  |  | Other incl Independent reports |  |
| Social Care report |  |  |  |
| Is Pupil a YOUNG PERSON IN CARE ? | Yes / No |  |  |
| For CIC – latest ECLAS/PEP report, if not previously submitted to SEN team |  |  |  |