**Annual review: EHC Plan**

|  |  |
| --- | --- |
| **PART 1: General information** | |
| **Surname:** | **National curriculum year:** |
| **Forename(s):** | **Home language:** |
| **Date of birth:** | **Parents’ or carers’ names:** |
| **Address:** | **Address (if different from left):** |
| **Date of original Plan:** Click here to enter a date. | **Date of EHC Plan review meeting please use dd/mm/yy:** Click here to enter a date. |
| **Attendance this academic year:** | **Date of previous review please use dd/mm/yy:** Click here to enter a date. |
| **Name of school or setting:** | |
| **PPG:** ☐ **CIN:** ☐ **CP:** ☐ **LAC:** ☐ | |

*For more details of annual review please refer to chapter 7 in the Golden Binder where the different types of review and guidance is given in more detail, including how to complete this form.*

|  |  |  |
| --- | --- | --- |
| **Annual Review Meeting Type** | **Select** | **Forms needed** |
| Annual review of EHC Plan | ☐ | * **AR1** This annual review form |
| 6 monthly review for children in Early Years settings | ☐ | * **AR1** This annual review form |
| Annual review of EHC Plan in year 9 or 10  *(preparing for adulthood categories must be discussed from year 9 and applied from year 10* | ☐ | * **AR1** This annual review form * **EHC-PFA** EHCP Additional PFA (preparing for adulthood) sections |
| Annual review for a child planning a phase transfer (e.g. from primary to secondary school).  *This happens normally in nursery (to reception) / year 1 (infant to junior) / year 5 (primary to secondary) / year 10, 12, 13 or 14 (secondary to 6th form / college / other post 16 provision)* | ☐ | * **AR1** This annual review form |

**PART 2: Review Attendees**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Designation or role** | **Invited** | **Attended** | **Report attached** | **Report received before meeting** |
|  |  | ☐ | ☐ | ☐ | ☐ |
|  |  | ☐ | ☐ | ☐ | ☐ |
|  |  | ☐ | ☐ | ☐ | ☐ |
|  |  | ☐ | ☐ | ☐ | ☐ |
|  |  | ☐ | ☐ | ☐ | ☐ |
|  |  | ☐ | ☐ | ☐ | ☐ |
|  |  | ☐ | ☐ | ☐ | ☐ |

**PART 3: Summary of this Year**

|  |  |  |
| --- | --- | --- |
| **Views of the School or Setting (Early Years / College)** | Check here if report from setting appended instead |  |
|  | | |
| **Pupil’s views**  (Can be pictorial or however best they communicate or interact) | Check here if report from pupil appended instead |  |
|  | | |
| **Parent’s views** | Check here if report from parent appended instead |  |
|  | | |

**Progress this year**

**Key:**

**1**- Regression **2**- No progress **3**-Some progress **4**-Expected progress **5**-better than expected **N/R**-No longer relevant

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Current Outcomes (from existing EHCP)** | **Rating of Progress** | | | | | | **Document revised outcome** |
| **1** | **2** | **3** | **4** | **5** | **N/R** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| **What has contributed to the above progress ratings? *(reference relevant evidence which should be in appended documents or in the “School View” section above):*** |
|  |

**PART 4: Changes required to plan**

*Note: the main points at which changes will be expected to an EHCP will be in years 5, 9/10 and 11. In between these times small changes can be recorded in the annual review form (which becomes part of the paperwork). However if during an annual review it is agreed that changes in outcomes, needs or provision are needed these will need to be changed in the plan and the plan reissued.*

|  |
| --- |
| **Changes to Aspirations or Updates to “All about me” (Section A)** |
|  |
| **Changes to Needs, Provision & Outcomes (no longer relevant /add new or change existing )** |
| Changes in Needs (either to delete as no longer relevant / add new or change existing) |
| Changes in Provision:(either to delete as no longer relevant / add new or change existing) |
| Changes in Outcomes (either to delete as no longer relevant / add new or change existing) |

|  |
| --- |
| **Change in placement discussed?**  If the change in needs or provision give rise to a need for a change in placement please describe this here (this could be a complete change or a difference in balance for a split placement)  If the child is approaching a phase transfer (e.g. primary to secondary) discussions may also be documented here |
|  |

**Note:** If specifying increased provision the educational setting must:

1. Identify additional needs that give rise to the need for additional provision
2. Append to this annual review a summary of intervention, specifying resource currently used and how additional resource will be used. This can be in any format but there is a template that can be used in the Golden Binder in Appendix …….

**PART 5: Other actions discussed at the review to support the child or young person**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agreed Action** | **By when** | **Who** | **Outcome** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Any other comments from Annual Review meeting** |
|  |

**PART 6: Educational Transport**

|  |
| --- |
| **Does the child or young person use local authority transport for their journey to school?** |
| ☐ Yes  ☐ No |
| If yes, why do they require transport? |
|  |
| **Does the child or young person travel with a passenger assistant (escort)?** |
| ☐ Yes  ☐ No |
| **Is your child able to travel with a higher level of independence, without the passenger assistant?** |
| ☐ Yes  ☐ No |
| Many children use SEN Transport for the first time in primary school. As your child gets older you will wish to develop their independence as they prepare for adult life, whether it’s some form of independent living, a college course, apprenticeship or employment. It will be crucial for their independence and their employability that they are able to travel independently, especially when going to work. It will also aid them in visiting friends and the wider community.    We now have a voluntary, fully funded and free Independent Travel Training scheme for those children and young people who would benefit from it. |
| **Is your child is ready for independent travel training? If you answered no, please detail why not:** |
|  |
| This will help us in developing our Independent Travel Training Programme |

**Part 7: Health Questionnaire**

When an EHC needs assessment is agreed, as part of the process, the Local Authority will have to seek health advice. For every Annual Review we need to determine whether or not your child’s progress at school is affected by a medical condition that may have developed since the EHC Needs Assessment was undertaken. The health advice for this purpose is co-ordinated by the Community Paediatricians. This can be done by using the information you provide on this questionnaire and liaison with the relevant medical professionals. Your child’s school will ask you to complete this form and it will be included with the Annual Review paperwork.

Please provide the latest health report from professionals to help us obtain all the information

Are you including additional information Yes No

|  |  |  |  |
| --- | --- | --- | --- |
| **Name Of Child:** |  | **DOB:** |  |

|  |  |  |
| --- | --- | --- |
| **Does your child have an existing diagnosis?** | **Yes :** | **No:** |
|  | | |
| **Is your child on any regular medication?** | **Yes :** | **No:** |
|  | | |
| **Does your child use any equipment to help with mobility, function or general health?** | **Yes:** | **No:** |
|  | | |
| **Is your child under a health professional? Please provide their name and name of hospital/clinic?** | **Yes:** | **No:** |
|  | | |
| **Does your child have toileting needs? If yes please give some detail.** | **Yes :** | **No:** |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Does your child have toileting needs? If yes please give some detail.** | **Yes :** | **No:** |
|  | | |
| **Is your child independent in dressing/undressing? If yes please give some detail.** | **Yes :** | **No:** |
|  | | |
| **Does your child have feeding or growth concerns? If yes please give some detail.** | **Yes :** | **No:** |
|  | | |
| **Does your child have vision difficulties? If yes please give some detail.** | **Yes :** | **No:** |
|  | | |
| **Does your child have hearing difficulties? If yes please give some detail.** | **Yes :** | **No:** |
|  | | |
| **Does your child have dental reviews? If yes please give some detail.** | **Yes :** | **No:** |
|  | | |

**By completing this form as part of the Annual Review you are giving consent for the Local Authority to obtain any Social Care Advice for the purpose of this process where appropriate.**

**Part 8: Social Care questions to consider relating to SEN**

When an EHC needs assessment is agreed, as part of the process, the Local Authority will have to seek advice from Social Care. At every Annual Review we need to determine whether or there are any Social Care Needs. The following Social Care questions should be completed by the Educational Setting in discussion with the family; the questions should be submitted as part of the Annual Review. If any needs have been indicated then these questions may be shared with our Single Point of Access Team and will enable Social Care to make a judgement as to whether further involvement may be required for the child and their family.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name Of Child:** |  | **DOB:** |  |

|  |  |  |
| --- | --- | --- |
| **Is your child registered as disabled?** | **Yes :** | **No:** |
|  | | |
| **What is the nature of your child’s disability? (Physical-cognitive) Please specify.** | **Yes :** | **No:** |
|  | | |
| **Has your child received a formal diagnosis and by whom?** | **Yes:** | **No:** |
|  | | |
| **What is the impact on your child’s day to day to life?** | **Yes:** | **No:** |
|  | | |
| **Does your child require home adjustments or specialist equipment in order to access education or leisure? (Please specify the detail?)** | **Yes :** | **No:** |
|  | | |
| **Does your child have a general learning disability? If so is there a formal diagnosis? (Specify detail, when diagnosed and by whom)** | **Yes :** | **No:** |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Does your child has a specific learning disability? If so is there a formal diagnosis? (Specify detail, when diagnosed and by whom)** | **Yes :** | **No:** |
|  | | |
| **Does your child have a behavioural or mental health difficulty? If so is there a formal diagnosis? What is the impact on your child? (Specify detail, when diagnosed and by whom)** | **Yes :** | **No:** |
|  | | |
| **Has your child been known to Children’s Services either in this borough or elsewhere? (Please share details)** | **Yes :** | **No:** |
|  | | |
| **Has your child or family ever received support from a Prevention and Early Help Service/Family Support Service in this borough or elsewhere? (Please share details)** | **Yes :** | **No:** |
|  | | |
| **Does your child engage with any services from charities or the Local Offer which help your child to access play/leisure or education?** | **Yes :** | **No:** |
|  | | |
| **Are there any additional worries that are impacting on your family? (Adult health, housing, family functioning, income issues)** | **Yes :** | **No:** |
|  | | |

**By completing this form as part of the Annual Review you are giving consent for the Local Authority to obtain any medical/health advice for the purpose of this process where appropriate.**

**Part 9: Supporting evidence for EHC needs assessment requests and annual reviews**

Please note, for pupils with special educational needs (SEN) at maintained mainstream schools, you need to demonstrate how you have used your delegated budget to enable you to support this pupil’s needs, (up to the cost threshold of £6,000 per pupil per year i.e. the notional budget).

For young people attending colleges you must demonstrate how you have used your core funding to enable you to support this young person.

All provision should be based on 1:1 equivalent support; therefore if a child or young person has attended a group with 2 other children, the time should be divided by 3. If an intervention exists only to support the target pupil this would also count as 1:1 provision, for example a social skills group where pupils attended in order to be good role models for the target pupil only.

To do this **either** complete this part of the form **or** append the Request for a Needs Assessment or Annual Review with your own evidence – but you must ensure that the same information is covered as is contained in this part of the form.

**Intervention impact summary**

**Name: Date of birth: NCY:**

**Name of Setting:**

**When did the intervention take place? From: To:**

**We expect evidence of intervention over time. You may need to submit a number of these intervention impact summary tables to provide evidence of this. For example one per term.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Pupil’s need targeted by this intervention** | **Intervention: Describe what this entails**  **What is the expected outcome?** | **Which professional recommended this?** | **Pupil:**  **staff ratio (state teacher or TA) and duration** | **Duration and frequency of intervention (per week, per child)** | **Impact: how do you know? What is your evidence? (e.g. formal/informal assessment)** | **Next steps: how could this provision be developed over time and contribute to increased independence?** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Proposed intervention needed**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pupil’s need to be met through this intervention** | **Proposed intervention** | **Proposed Staff/Child ratio (state teacher or TA) and duration** | **Proposed duration and frequency of intervention per week, per child)** | **How will the school/setting ensure that independence is developed and that support reduces over time?** |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Current**  **Total teacher time (Per week)** |  | **Current**  **Total LSA /TA time (Per week)** |  |
| **Proposed**  **Total teacher time (per week)** |  | **Proposed**  **Total LSA/TA time (per week)** |  |

|  |  |  |
| --- | --- | --- |
| **Checklist for Annual Review Meeting** | yes | no |
| Has progress for the year against outcomes defined in the plan been documented and evidenced?  Have current needs and provision been discussed?  Are changes to outcomes being requested as a result of this review?  Has any change to placement been discussed (either due to change in needs or phase transfer)?  If the recommendations you are making do not involve a change of provision it is likely that these changes will be incorporated when the EHCP is next updated i.e. at a Phase Transfer  **Do the recommendations involve a change of provision?**  Has the preparing for adulthood section been discussed (**EHC-PFA**) for young people in year 9+  Has a personal budget been requested?  Has SEN transport been discussed?  Has short breaks provision been discussed?  Has the child or young person been given the evaluation questionnaire? (in Golden Binder or on-line version on Local Offer)  Have you got the views of the child/Young Person?  Have you got the views of the parents?  Should the local authority continue to maintain the plan? | ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐ | ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐ |
| **Documents to Append when submitting this Annual Review Report** | | |
| Copies of all reports submitted as part of the annual review    Annotated version (track changes) copy of the current EHCP form (if changes requested)    Summary of intervention if changes to provision requested  Minutes of the meeting (if separate from this document)  Reports that will be provided following the meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐  ☐  ☐  ☐  ☐ | |

**Part 7: Final Sign Off**

|  |  |  |
| --- | --- | --- |
| **Lead professional:** |  |  |
| **Parent’s or carer’s signature:** |  | **Date:** |
| **Headteachers’ signature** |  | **Date:** |

Please return this form and, if appropriate the tracked changes of the EHCP, **electronically** in a **word format**, together with any additional attachments, to the AfC SEND Team by no later than 2 weeks from the date of the review (9.176 of the Code of Practice)

|  |  |
| --- | --- |
| **Contact details** | |
| **Email** | [senteam@achievingforchildren.org.uk](mailto:senteam@achievingforchildren.org.uk) |
| **Telephone** | 020 8547 5872 |
| **Address** | SEND Team, c/o Achieving for Children, Guildhall 2, Kingston, KT1 1EU |