**Nursery to Year 8 Annual Review of Education, Health and Care Plan**

**PART 1: General information about the child or young person**

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| --- | --- |
|  | |
| Full name: | National curriculum year: |
| Date of birth: | Educated out of year: **Yes / No** |
| Attendance in the last academic year: | Attendance this academic year so far: |
| Date of final/final amended EHC Plan: | Main presenting need (MPN): Choose an item. |
| Date of EHC plan review meeting: | Secondary presenting need: Choose an item. |
| Date of previous review meeting*:* |  |
| Name of school or setting: | |

**PART 2: Contact information for parents/carers**

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|  | | | **Yes** | **No** |
| Are the details correct on the EHC plan? If not, please complete below so the Local Authority can update their records. | | |  |  |
| Parent/Carers’ name: |  |  | | |
| Parental responsibility: |  |  | | |
| Address: |  |  | | |
| Mobile number: |  |  | | |
| Home number: |  |  | | |
| Email: |  |  | | |

**PART 3: Summary of meeting**

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|  | **Yes** | **No** |
| Is this a request for a change in Section A? Child, young person, parent/carers views **(ideally updated at Nursery, Year 1 and Year 5 review**) |  |  |
| Is this a request for changes to Educational Strengths and Needs (Section B) and Educational Provision (Section F)? |  |  |
| Is this a request for a change to health needs and provision (Section C & G)? |  |  |
| Is this a request for a change to social care needs and provision (Section D & H)? |  |  |
| Is this a request for change in outcomes (Section E): more than 3 outcomes? |  |  |
| Is this a request for **additional** provision? |  |  |
| Is this a request for a **reduction** provision? |  |  |
| Is this a request for a change of placement (Section I)? **NOT Phase Transfer** |  |  |
| Is this a Phase Transfer preparation review (Nursery, Year 1 and 5)? |  |  |
| Should the local authority continue to maintain the EHC plan? |  |  |

**PART 4: Review attendees**

*All parties in the EHC plan, other relevant professionals and the Local Authority must be invited and given at least two weeks’ notice of the date of the meeting (9.176 of the SEND Code of Practice 2014).*

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| --- | --- | --- | --- |
| **Name** | **Designation or Role** | **Invited** | **Attended** |
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**PART 5: Views of the year**

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| **Views of the School or Setting (e.g. Early Years)** |
| What is going well?  What is not going well?  What needs to happen? |
| **Child/Young Person’s Views** |
| What is going well?  What is not going well?  What needs to happen?  How would you rate your progress overall this year?   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |   Poor Excellent |
| **Parents’/Carers’ Views** |
| What is going well?  What is not going well?  What needs to happen?  How would you rate your child’s overall progress and access to teaching and learning this year?   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |   Poor Excellent |
| **Views of any Professionals (e.g. if no report submitted by Educational Psychologist, Education Service for Sensory Impairment, Speech and Language Therapist, Occupational Therapist etc. if they attend the meeting)** |
| What is going well?  What is not going well?  What needs to happen? |

**PART 6: Current attainment**

**Early Years**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Age in Months** | **Personal, Social and Emotional Development** | | | **Physical Development** | | **Communication and Language** | | | **Literacy** | | **Maths** | |
| Making relationships | Self Confidence and Self Awareness | Managing Feelings and Behaviour | Moving and Handling | Health and Self Care | Listening and Attention | Understanding | Speaking | Reading | Writing | Number | Shape and Space |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**Year 1 to Year 8**

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| --- | --- | --- | --- |
| **Year** | **English** | **Maths** | **Science** |
|  |  |  |  |

**Please include any ages from scores, e.g. reading age or please attach your own tracking of attainment.**

**PART 7: Is the EHC plan still reflective of the child/young person’s needs and provision? Is the placement able to meet needs?**

*The Local Authority will do a full review of the EHC plan (including Section A) following the nursery, Year 1 and Year 5 annual reviews. However, it is possible to request amendments to the EHC plan after any annual review.*

*Within four weeks of the review meeting, the Local Authority will confirm to parents/carers whether they intend to maintain the EHC plan in its current form; amend it; or cease to maintain it (9.176 of the SEND Code of Practice 2014).*

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| **Section A: Child & Parents’/Carers’ Views** |
| *List below deletions and additions or attach in Part 12.* |

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| **Section B: Education Strengths and Needs (see also Section F)** |
| *List below deletions and additions or track change the plan.* |

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| **Section C: Health Needs** |
| *List below deletions and additions, attach report or track change the plan**and complete Appendix A: Health questionnaire.* |

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| **Section D: Social Care Needs** |
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| **Section E: Outcomes including Health and Social Care, if appropriate** |
| *An outcome: By the end of Key Stage X child will be able to (area of need) (measurable) so that they can… Check it is SMART.* |

**Ideally there should be no more than 8 outcomes in an EHC plan.**

**Key:**

|  |  |  |
| --- | --- | --- |
| **1 –** No progress since last year | **2 –** Making some progress towards outcome | **3 –** On track to meet outcome |
| **4 –** Will meet outcome early | **A –** Achieved | **NR –** No longer relevant |

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| **Current outcomes (from EHC plan)**  **End of key stage or other time** | **Rating of Progress** | | | | | | **New Outcomes**  **By the end of the Key Stage or other time** |
| **1** | **2** | **3** | **4** | **A** | **NR** |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |

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| **Were the new outcomes written in collaboration with (please delete as appropriate):** |
| Health: Yes / No |
| Social: Yes / No |
| Joint (health and social care): Yes / No |

**Please attach your short term targets to demonstrate progress towards reaching these overarching outcomes.**

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| **Section F: Education Provision** |
| *List below deletions and additions or track change the plan.* |

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| **Section G: Health Provision** |
| *List below deletions and additions, attach report or track change the plan**and complete Appendix A: Health questionnaire.* |

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| **Section I: Placement** |
| *Please record the discussion and views of all parties present if a change in placement is required including if it is a Phase Transfer review (Nursery, Year 1 and Year 5).* |

**PART 8: Other Information**

*This includes any differences in view between the recommendations set out in the EHC plan and the recommendations of those attending the annual review meeting (SEND Code of Practice 2014)*.

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| **Any other information from the Annual Review meeting e.g. summary of meeting, any agreed actions etc.** |
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**PART 9a: Mainstream schools only: Evidence of provision given this year**

*When did the intervention take place? e.g. April 2018 to July 2018 Summer Term 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.*

*Note: you can use your own version please attach it and listed in Part 12*

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| --- | --- | --- | --- | --- | --- | --- |
| **Pupil’s need targeted by this intervention** | **Intervention: What this entails? What is the expected impact?** | **If a professional recommended this who was it?** | **Pupil staff ratio (state teacher or TA)** | **Duration and frequency of intervention (per week)** | **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?** |
|  |  |  |  |  |  |  |
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| **Funding** | |
| Current standard (TA) hours in the EHC plan |  |
| **Richmond only:**  Current enhanced (teacher) hours in the EHC plan |  |

**PART 9b: Special schools only**

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| --- | --- | --- |
| **Funding** | | |
| What is the current banding? |  | |
|  | **Yes** | **No** |
| Does the banding remain appropriate? |  |  |
| Please explain your reasons. | | |

**PART 10: Provision no longer needed**

|  |  |
| --- | --- |
| **Type or name of intervention** | **Rationale** |
|  |  |
|  |  |
| **Suggested number of hours to reduce by:** |  |

**PART 11: Request for additional provision (only to be completed if more funding is required)**

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| --- | --- | --- | --- | --- | --- | --- |
| **Proposed intervention** | **Which professional recommended this?** | **Pupil**  **staff ratio (state if teacher or TA)** | **Frequency and duration of intervention (per week)** | **How will the school/setting ensure that independence is developed and that support reduces over time?** | **Expected Impact** | **For how long do you expect this additional funding to be needed?** |
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| **Funding** | |
| Total additional standard (TA) funding hours: |  |
| **Richmond only:**  Total additional enhanced (teacher) hours: |  |

|  |  |  |
| --- | --- | --- |
| **Checklist for Annual Review Meeting** | **Yes** | **No** |
| Has progress for the year against outcomes defined in the EHC plan been documented and evidenced? |  |  |
| Have current needs and provision been discussed? |  |  |
| Has any change to placement been discussed (either due to change in needs or phase transfer)? |  |  |
| Have you got the views of the child/young person? |  |  |
| Have you got the views of the parents/carers? |  |  |
| Has a personal budget been requested? <https://kr.afcinfo.org.uk/pages/local-offer/information-and-advice/assessment-and-education-health-and-care-planning/personal-budgets> |  |  |
| Has short breaks provision been discussed? <https://kr.afcinfo.org.uk/pages/local-offer/information-and-advice/short-breaks-and-respite/short-break> |  |  |
| **ONLY FOR SPECIAL SCHOOLS or SECONDARY SRP’s**  Has Independent Travel Training (ITT) been discussed?  The SEND Transport Team now have a voluntary, fully funded and free scheme for those ready to learn how to travel to and from school on their own.  <https://kr.afcinfo.org.uk/pages/local-offer/information-and-advice/education/balance-independent-travel-training> |  |  |
| Have you instructed the TA to deliver child/young person feedback form of the review process?  <https://surveys.achievingforchildren.org.uk/s/YPfeedback3/> |  |  |
| Does the child/young person have a health care plan?  (Please provide a copy and list in appended reports) |  |  |

**PART 12: Appended reports**

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| **Please list all reports submitted as part of the annual review** |
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|  | **Yes** | **No** |
| Any reports that will be provided following the meeting? |  |  |
| If yes, please state by who and when? | | |

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| --- | --- | --- |
| **Lead professionals name:** |  | |
| **I (parent/carer) give consent to be contacted via email or phone, for feedback regarding the annual review process (please delete as appropriate): Yes / No** | | |
| **Parents’ or carers’ signature:** |  | **Date:** |
| **Headteacher’s signature** |  | **Date:** |

|  |
| --- |
| **Returning this form and related documents** |
| Please return this form and all documents listed in Part 10 **electronically in word** to  the AfC SEND Team senteam@achievingforchildren.org.uk, no later than **2 weeks** from the date of the review (9.176 of the SEND Code of Practice 2014). |
| **Any questions please call:** 020 8547 5872 |

**Appendix A: Health Questionnaire**

When an EHC needs assessment is agreed, as part of the process, the Local Authority will have to seek health advice. If the child’s health needs have **changed** please complete this form.

*This can be completed by parents and carers or school.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name Of Child:** |  | **DoB:** |  |

|  |  |
| --- | --- |
| **Has your child received a new diagnosis?**  **Please state for what and by whom. Please provide a copy of the report** | **Yes:** |
|  | |
| **Are there any new medications?**  **(Please state name, dosage and frequency administered)** | **Yes:** |
|  | |
| **Are there any changes to current medication?**  **(Please state name, dosage and frequency administered)** | **Yes:** |
|  | |
| **Are there any changes in health needs or ability to self-care?**  **(Please detail below)** | **Yes:** |
|  | |
| **Are there any previous medical conditions not listed in Section C of the plan you feel should be included?**  **(Please provide details below e.g. medical reports)** | **Yes:** |
|  | |

**Appendix B: Social Care Questionnaire**

When an EHC needs assessment is agreed, as part of the process, the Local Authority will have to seek advice from Social Care. If the child’s social care needs have **changed** please complete this form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name Of Child:** |  | **DoB:** |  |

|  |  |  |
| --- | --- | --- |
| **Is the child subject to a Child Protection Plan?** | **Yes:** | **No:** |
| **If yes, who is the social worker? What date did the plan start?**  **If no, when did this step down or cease?** | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Is the child subject to a Child in Need Plan?** | **Yes:** | **No:** |
| **If yes, who is the social worker? What date did the plan start?**  **If no, when did this cease?** | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Is the child/Young person Looked after Child by the Local Authority?** | **Yes:** | **No:** |
| **If yes, under what e.g. Full Care Order, Interim Care Order or Section 20?**  **If no, when did this cease?** | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Does the child and family has a Family Support Worker (FSW)?** | **Yes:** | **No:** |
| **If yes, who is the FSW?**  **If no, what provision has changed?** | | |
|  | | |