**Year 9 onwards 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 Year 9 and Year 11 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)? |  |  |
| 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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| **Child/Young Person’s Views** |
| What are your strengths?  What are your dreams?  What decision do you want to make for yourself in the next 12 months?  What would help you to make decisions in the future?  How do you want support to be available to you?  Do you want to update your Section A?  *(This is recommended at Year 9 and 11)*  How would you rate your progress overall this year?   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |   Poor Excellent |
| **Parents’/Carers’ Views** |
| How would you rate your young person’s overall progress and access to teaching and learning this year?   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |   Poor Excellent |
| **Further or Higher Education and/or Employment** |
| What support will school/setting provide to prepare for higher education and/or employment?  Year 9, 10 and 11: What is an appropriate post 16 pathway for the young person?  (Supported internships, apprenticeships and traineeships or support for own business or support to find a job and learning how to do a job (work experience and job coaches and understanding welfare benefits)  If the young person is using SEN transport, are they ready for Independent Travel Training (ITT)?  More information available at: <https://kr.afcinfo.org.uk/pages/local-offer/information-and-advice/education/balance-independent-travel-training>  If not, please explain reasoning.  Where will the young person live? (Support for independent living) |
| **Community and Friendships** |
| What social and community activities are the young person interested in?  Support to develop and maintain friendships |
| **Independence and Independent Living** |
| Is the young person fully independent with self-care and toileting?  Is the young person able to manage money independently?  Is the young person able to keep themselves safe in the community?  Can the young person travel without support? |
| **Maintaining Good Health** |
| Does there need to be any planning of specialist paediatric services to adult health care?  Does the young person have Autism? Inform of strategy young people with Autism to community care assessment. |

**PART 6: Following the discussion above, what are the next steps?**

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| **12 Month Plan** | | |
| What needs to happen to support the young person? | Who is responsible? | Timescale |
|  |  |  |
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**PART 7: Only to be completed if it is agreed the EHC plan will be ceased in 12 months**

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| **12 Month Plan** | | |
| What needs to happen to support the young person? | Who is responsible? | Timescale |
|  |  |  |
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**PART 8: Current attainment**

**Year 9 to Year 13**

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| **Year** | **English** | **Maths** | **Science** |
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**PART 9: Is the EHC plan still reflective of the 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: Young Person & 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:**

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| --- | --- | --- |
| **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 H: Social Care Provision** |
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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 10: 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 11: 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 list 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 11b: 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 12: Provision no longer needed**

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

**PART 13: 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: |  |

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| **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 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> |  |  |
| Has the Disabled Student Allowance (DSA) been discussed?  <https://www.gov.uk/disabled-students-allowances-dsas> |  |  |
| Has there been a change in health needs?  *If yes please complete Appendix A: Health questionnaire.* |  |  |
| Has there been a change in social care needs?  *If yes please complete Appendix B: Social Care questionnaire.* |  |  |
| Have you instructed the TA to deliver young person feedback form of the review process?  <https://surveys.achievingforchildren.org.uk/s/YPfeedback3/> |  |  |
| Does the young person have a health care plan?  (Please provide a copy and list in appended reports) |  |  |

**PART 14: 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:** |

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| --- |
| **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.*

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

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| --- | --- |
| **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.

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

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| --- | --- | --- |
| **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?** | | |
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| **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?** | | |
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| **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?** | | |
|  | | |

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| **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?** | | |
|  | | |