**Annual Review Invitation for the Local Authority SEND Team**

**Date sent:**

|  |  |
| --- | --- |
| **Details of the child** | |
| Name of child |  |
| DoB |  |
| Year Group |  |

|  |  |
| --- | --- |
| **Details of the review meeting** | |
| Name of school/setting |  |
| Name of contact and details e.g. email |  |
| Date |  |
| Time |  |

|  |  |
| --- | --- |
| **Priority of attendance (please tick one 🗸)** | |
| **Low:** invitation no attendance needed |  |
| **Medium**: attendance preferred e.g. Year 1 or Year 5 review |  |
| **High**: attendance requested e.g. placement at risk of breaking down, placement broken down, high change in need and provision, CLA (child looked after) and CME (child missing in education but still on roll in your school) |  |

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| **Any additional information with the request for attendance** |
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