**Appendix 2.**

**Education, Health & Care Plan (EHC) Annual Review**

**Parent/Carer’s Views**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Child/Young Person** | **Date of Birth** | **Annual Review Date** | **School** |
|  |  |  |  |

|  |
| --- |
| **What do you feel your child’s successes have been this year?** |
|  |
| **What do you feel your child has struggled with this year?** |
|  |
| **Which strategies/sources of support do you feel have been of benefit to your child this year?** |
|  |
| **Are there any strategies/sources of support that you do not feel have worked as well for your child?** |
|  |
| **What are your hopes and aspirations for your child over the next year?** |
|  |
| **Do you have any other comments or concerns about your child’s EHC Plan?** |
|  |

**Completed by:**

**Signed:**

**Date:**

***Please return to the SENCO before the Annual Review meeting.***