**Education, Health & Care Plan (EHCP)**

**Annual Review Meeting Report**

***Please complete all relevant sections of this document.***

|  |  |
| --- | --- |
| **Current School/College/Setting** |  |
| **Date of Current EHCP** |  |
| **Date of Last Annual Review** |  | **Date of This Annual Review** |  |
| **Type of Review*****Please highlight*** | Annual Review Transition Annual Review *(moving between educational phases/placements)*Interim Annual Review *(significant change in needs ~~or change of placement~~)* |

1. **Child/Young Person’s & Parent/Carers’ Details**

***Please check this box if details differ from those given on the current EHC Plan* ☐**

|  |  |
| --- | --- |
| **Child/Young Person’s Full Name** |  |
| **Date of Birth** |  | **Primary Area of Need** |  |
| **Unique Pupil Number** |  | **Home Language** |  |
| **Home Address** |  |
| **National Curriculum Year Group** | ***Please provide details if the child is not educated in their chronological year group.*** |

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| **Name of Parents/Carers** |  |  |
| **Address** ***If different from above*** |  |  |
| **Contact Number** |  |  |
| **Email Address** |  |  |
| **Is the child/young person in Local Authority Care?** | ***If yes, please provide the name and contact details of the child/young person’s Social Worker.*** |

1. **Contributors to the Annual Review**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role** | **Attended?** | **Report Attached?** |
|  | Young Person | **☐** | **☐** |
|  | Parent/Carer | **☐** | **☐** |
|  |  Assessment CoordinatorEmail: | **☐** |  |
|  | Education ProfessionalsEmail: | **☐** | **☐** |
|  | Health ProfessionalsEmail: | **☐** | **☐** |
|  | Social Care ProfessionalsEmail: | **☐** | **☐** |
|  | Others | **☐** | **☐** |

1. **Actions from the last Annual Review**

***Please detail all actions that have been agreed as part of the previous Annual Review Meeting, including referrals.***

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| **Action** | **Completion date** | **Actioned by** |
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1. **Summary of Progress**

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| **Child/Young Person’s Views (Essential information)** |
| ***If the child/young person chooses to give feedback verbally as part of the Annual Review Meeting, please record these views here.******Alternatively, the Child/Young Person’s Views sheet (Appendix 1) can be completed and attached.*** |
| **Parent/Carers’ Views** |
| ***If the parents/carers choose to give feedback verbally as part of the Annual Review Meeting, please record these views here.******Alternatively, the Parents/Carers’ Views sheet (Appendix 2) can be completed and attached.*** |
| **Professionals’ Views** |
| ***Please provide a summary of the child/young person’s successes and difficulties over the last year here. (See Teacher Appendix 3)******If the child/young person is in Local Authority Care, please attach a copy of the latest Personal Education Plan.******Please attach to this report any of the following: Updated professional reports, Costed Provision Maps/IEPs/Personal Learning Plans and most recent school reports.*** |

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| **Progress and levels of attainment *(Provide further information when using own grading)*** |
| **SATS or Teacher Assessments** | **Previous assessments** *(from last annual review)* | **Date of previous assessments** | **Current level of assessments and date***please provide school/college levels* | **Comment on Age related expectations** |
| **Baseline assessment** |  |  |  |  |
| **End of Foundation Stage Assessments**  |  |  |  |  |
| **Key Stage assessments** |  |  |  |  |
| **Reading** |  |  |  |  |
| **Writing** |  |  |  |  |
| **Comprehension** |  |  |  |  |
| **Mathematics** |  |  |  |  |
| **Science** |  |  |  |  |
| **Others*****Please specify e.g. GCSEs/Vocational Qualifications, etc*** |  |  |  |  |

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| ***Course/Curriculum*** *For young people in post 16 education only, please provide a brief description of the course/curriculum:* |

1. **Amendments to the EHC Plan**

***Please note that the SEND Code of Practice: 0-25 years, states that ‘EHC Plans are not expected to be amended on a very frequent basis’ (Para. 9.193).***

***Please fill out this section if: there have been substantial changes to the pupil’s needs or provision, evidenced by a report from a professional or if this is a transitional review. If the pupil is moving setting remember to fill out Section I***

***You may wish to attach an amended copy of the current EHCP with clear changes to section B, E and F.***

**SECTION A – Child/Young Person’s Details**

***Amendments to Section A should be recorded on Child/Young Person’s Views sheet (Appendix 1).***

**SECTION B – Special Education Needs**

|  |  |
| --- | --- |
| **Special Education Need to be amended** | **Evidence** ***Please reference the report where this change in need is evidenced.*** |
| **Communication and Interaction** |
| **Strengths*****REMOVE:******ADD:******AMEND:*** | **Special educational Needs*****REMOVE:******ADD:******AMEND:*** |  |
| **Cognition & Learning** |
| **Strengths*****REMOVE:******ADD:******AMEND:*** | **Special educational Needs*****REMOVE:******ADD:******AMEND:*** |  |
| **Social, Emotional & Mental Health** |
| **Strengths*****REMOVE:******ADD:******AMEND:*** | **Special educational Needs*****REMOVE:******ADD:******AMEND:*** |  |
| **Sensory/Physical** |
| **Strengths*****REMOVE:******ADD:******AMEND:*** | **Special educational Needs*****REMOVE:******ADD:******AMEND:*** |  |

**SECTION C and D - Health and Care**

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| **Health and Care Needs to be amended** | **Evidence *Please reference the report where this change in need is evidenced.*** |
| **Health** |
| **Strengths*****REMOVE:******ADD:******AMEND:*** | **Health Needs*****REMOVE:******ADD:******AMEND:*** |  |
| **Care** |
| **Strengths*****REMOVE:******ADD:******AMEND:*** | **Care Needs*****REMOVE:******ADD:******AMEND:*** |  |

**SECTION E – Outcomes**

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| ***Progress made over the past year in meeting the outcomes. Have the outcomes been achieved? What needs amending? Any additional outcomes?******For Year 9 and above, please ensure Preparing for Adulthood outcomes are added and Preparing for Adulthood form is completed.*** |
| 1. ***Please cut and paste outcome from current EHCP here:***
 |
| ***Please record views from annual review such as summary of progress as appropriate:*** |
| *Outcome met* ☐ *Outcome not met* ☐  *Outcome partially met* ☐ |
| 1. ***Please cut and paste outcome from current EHCP here:***
 |
| ***Please record views from annual review such as summary of progress as appropriate:*** |
| *Outcome met* ☐ *Outcome not met* ☐  *Outcome partially met* ☐ |
| 1. ***Please cut and paste outcome from current EHCP here:***
 |
| ***Please record views from annual review such as summary of progress as appropriate:*** |
| *Outcome met* ☐ *Outcome not met* ☐  *Outcome partially met* ☐ |
| 1. ***Please cut and paste outcome from current EHCP here:***
 |
| ***Please record views from annual review such as summary of progress as appropriate:*** |
| *Outcome met* ☐ *Outcome not met* ☐  *Outcome partially met* ☐ |
| 1. ***Please cut and paste outcome from current EHCP here:***
 |
| ***Please record views from annual review such as summary of progress as appropriate:*** |
| *Outcome met* ☐ *Outcome not met* ☐  *Outcome partially met* ☐ |

*Please add further boxes for additional outcomes currently in the EHCP:*

**SECTION F – Provision**

|  |  |
| --- | --- |
| **Provision to be amended:** | **Evidence*****Please reference the report where this change in provision is recommended.*** |
| **Communication and Interaction*****REMOVE:******ADD:******AMEND:*** |  |
| **Cognition & Learning*****REMOVE:******ADD:******AMEND:*** |  |
| **Social, Emotional & Mental Health*****REMOVE:******ADD:******AMEND:*** |  |
| **Sensory/Physical*****REMOVE:******ADD:******AMEND:*** |  |

**SECTION G & H1/H2 – Provision**

|  |  |
| --- | --- |
| **Provision to be amended:** | **Evidence** ***Please reference the report where this change in provision is recommended.*** |
| **Health*****REMOVE:******ADD:******AMEND:*** |  |
| **Care*****REMOVE:******ADD:******AMEND:*** |  |

**SECTION I – Placement**

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| --- |
| **Child/Young Person’s Current Placement** |
| ***Please name school/college/placement here.*** |
|  |
| **Does this placement remain appropriate? Y/N*****If not, please complete the ‘Placement Concerns’ section below.*****Is the child/young person transferring to a new school? Y/N*****If yes, please select the reason for transfer:*****Parental Preference ☐** **Phase Transfer ☐** **Change of Type *(e.g. mainstream to specialist)* ☐**  |
| **Child/Young Person’s Proposed New Placement** |
| ***Please name school/college/placement here.*** |

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| **Placement Concerns** |
| ***Please use this area to detail any concerns about the child/young person’s current placement.*** |
| **Do parents agree that the placement is no longer appropriate? Y/N****Have professional opinions and advice been sought about the suitability of placement? Y/N** |

1. **Travel Assistance**

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| **Please detail any travel assistance currently provided by the Local Authority.** |
| ***Please note that applications for travel assistance must go through the Transport Team and cannot be completed as part of the review process.*** ***For full guidance and application forms, please visit:*** [***https://www.rbwm.gov.uk/home/schools-and-education/school-transport***](https://www.rbwm.gov.uk/home/schools-and-education/school-transport) |

1. **Actions from the Annual Review**

***Please detail all actions that have been agreed as part of the Annual Review Meeting, including referrals.***

|  |  |  |
| --- | --- | --- |
| **Action** | **To Be Completed By** | **Who Will Complete?** |
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1. **Summary of recommendation to the Local Authority Following Annual Review:**

**Maintain - the EHC Plan remains appropriate ☐**

**Amend the EHC Plan as detailed in Section 4 of this document ☐**

**Cease to maintain the EHC Plan ☐**

***If recommending to cease the EHC Plan, please give the reason from the options below:***

1. ***Child/Young person no longer requires the special educational provision specified in the EHCP* ☐**
2. ***Young person aged 16 or over is leaving education to take up paid employment* ☐**
3. ***Young person is entering higher education* ☐**
4. ***Young person aged 18 or over is leaving education and does not wish to engage in further learning* ☐**
5. **Confirmation of Accuracy of Summary**

|  |  |
| --- | --- |
| **Form completed by (name and role)** |  |
| **Signature** |  |
| **Date Signed** |  |
| **Date of next Annual Review** |  |

***Please email this report and appendices to CYPDS (******cypds@achievingforchildren.org.uk******), the young person, parents/carers and professionals within two weeks of the Annual Review Meeting.***