**Appendix 3. Education, Health & Care Plan (EHC) Annual Review – Class Teacher’s Views**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Current Outcomes (from existing EHCP)** | **Rating of Progress** | | | | | | **Comments** |
| **1** | **2** | **3** | **4** | **5** | **N/R** |
| **Communication & Interaction** |  |  |  |  |  |  |  |
| **Cognition & Learning** |  |  |  |  |  |  |  |
| **Social, Emotional & Mental Health** |  |  |  |  |  |  |  |
| **Sensory/Physical** |  |  |  |  |  |  |  |
| **Health** |  |  |  |  |  |  |  |
| **Care** |  |  |  |  |  |  |  |
| **What has contributed to the above progress ratings?** | | | | | | | |
|  | | | | | | | |

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| **What do you feel the CYP’s achievements have been this year?** |
|  |
| **What do you feel the CYP has struggled with this year?** |
|  |
| **Which strategies/sources of support do you feel have been of benefit to the CYP this year?** |
|  |
| **Are there any strategies/sources of support that you do not feel have worked as well for the CYP?** |
|  |

**Completed by:**

**Signed:**

**Date:**

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