

Parent's/ Carer's Report for the Review of an Education, Health and Care Plan

The Annual Review is an important meeting, where the EHCP will be checked to ensure that it is still an accurate reflection of your child's life. During this meeting, the outcomes and provision needed will be discussed, as well as all achievements and difficulties faced in the past year.

In addition to answering the questions, please feel free to add pictures or drawing to show how your child currently feels about their life at the moment.

Once completed, please return to your child's school or college, or email is to EEYservice@cityoflondon.gov.uk

Child's Name	
School/ Setting	
Date of Annual Review Meeting	
Parent/ Carer's Name/s	
Telephone Number/s	
Email address/es	

How do you feel about your child's life at the moment?

What are your aspirations for your child's future?

Education and future employment

Things to consider: What do you think is going well and what could be better? Does your child like their school/ setting? What subjects do they enjoy or find difficult? What have you noticed about your child's: memory, ability to focus, or their motivation? What type of job do you see your child having in the future?

Communication Participation and Social Interaction

Things to consider: What do you think is going well and what do you think could be better? How well does your child communicate with adults and their peers? Does your child require speech and language therapy or physical support when communicating? Does your child have a secure friendship group? Does your child access any activities outside of their school?



Independence

Things to consider: What do you think is going well and what do you think could be better? How aware is your child of the dangers around them? Is your child able to look after their own personal care needs, at an age appropriate level?

Good Health and Well-Being

Things to consider: What do you think is going well and what do you think could be better? Are there any health needs for your child that is not reflected in their plan, which may have an impact on their learning? Do you feel your child has a positive self-view? Has there been a recent updated information from Health Professionals? If moving into adulthood, has there been a transition to the relevant adult health services?

Is there anything else you would like to tell us?

Do you feel your child still requires an EHCP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you feel Sections B - D the EHCP is relevant and up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, which areas do you feel need amending?	
Do you feel the outcomes and provision described in Sections F – H in the EHCP is up to date and appropriate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, which areas do you feel need amending?	

Does your child have a personal budget allocated to them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes:	
Have you used the personal budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How has the personal budget helped the progress being made?	
If no, would you be interested in receiving one?	

Signature of parent/s completing this form:			
Name	Signature	Relationship to Child	Date