Photo of child/young person

Education, Health and Care Plan

**ANNUAL REVIEW REPORT**

for

|  |  |
| --- | --- |
| **Date of this Annual Review** | **Date of last Annual Review** |
|  |  |

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| Have requests for updated reports/assessments/input been sent to all involved professionals 2 weeks before the invitations to the review meeting?*e.g. CAMHS, Therapies, Social Care,*  | Yes / No |
| Have Parent(s)/Carer(s)/Young Person been contacted to contribute their views? | Yes / No |
| Have all involved with the child/young person been invited to the review at least 2 weeks prior? | Yes / No |
| Have copies of all reports received been sent alongside invitations to the review meeting? | Yes / No |

**Child / Young Person’s Details**

|  |  |
| --- | --- |
| **Preferred name** |  |
| **First name** |  |
| **Surname** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Religion** |  |
| **Home language** |  |
| **Primary communication method** |  |
| **Current Year Group** |  |
| **Contact number/email address (if over 16)** |  |
| **Home address and postcode** |  |
| **Name of GP** |  |
| **Address of GP** |  |

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| **Is the child / young person looked after by a Local Authority?** | Yes / No |
| **If yes, to which Local Authority (with contact details)?** |  |

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| **Is the child / young person identified as a Child In Need?** | Yes / No |
| **If yes, who is the main contact in Social Care?** |  |

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| **Is the child / young person subject to a Child Protection Plan?** | Yes / No |
| **If yes, who is the main contact in Social Care?** |  |

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| **Is travel assistance currently provided by SEND?** | Yes / No |
| **If yes, please complete below.** |
| **Type of travel assistance provided** |  |
| **Is a Passenger Assistant provided?** | Yes / No |
| **Is the child / young person a sole passenger?** | Yes / No |
| **Would Travel Training be beneficial and appropriate at this time?** | Yes / No |
| **Any other comments** |
|  |

**Parent / Carer/ Guardian Details**

**Parent / Carer/ Guardian**

|  |  |
| --- | --- |
| **First name** |  |
| **Surname** |  |
| **Home address and postcode** |  |
| **Relationship to Child / Young person** |  |
| **Home language** |  |
| **Communication needs e.g. interpreter, BSL** |  |
| **Contact number(s)** |  |
| **Email address** |  |
| **Does this person have Parental Responsibility?** |  |

**Parent / Carer/ Guardian**

|  |  |
| --- | --- |
| **First name** |  |
| **Surname** |  |
| **Home address and postcode** |  |
| **Relationship to Child / Young person** |  |
| **Home language** |  |
| **Communication needs e.g. interpreter, BSL** |  |
| **Contact number(s)** |  |
| **Email address** |  |
| **Does this person have Parental Responsibility?** |  |

**Section A - Child / Young Person’s thoughts**

*This section should represent a summary of the child/young person’s views and thoughts. You can use any methods and tools from your toolkit (such as mind maps, pictures, circle of support, etc.) to ascertain the child/ young person’s views. If other tools were used, please attach to this form.*

|  |  |
| --- | --- |
| **What is important to me?** |  |
| **What do I enjoy doing at school/college?** |  |
| **What have I done well at school/college this year?** |  |
| **What do I like doing outside of school/college?** |  |
| **What helps me learn in school/college?*****e.g. in the classroom, in the playground etc.*** |  |
| **What do I find difficult?** |  |
| **What do I need help with?** |  |
| **What do I want to change?** |  |
| **What would help me with my problems/worries/difficulties?** |  |
| **What do I want to do in the future?** |  |

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| **Did anyone help me complete this? If so, what is their name and how did they help?** |  |

**Parent / Carer views**

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| **What has gone well this year?** |  |
| **Has your child/young person had any special achievements you would like recognised?** |  |
| **What are your aspirations, hopes and ambitions for your child/young person?** |  |
| **Has your child/young person received support from Health?** | Yes / No |
| **What help has been received?****Has this been helpful and if so why?** |  |
| **Has your child received support from Social Care?** | Yes / No |
| **What help has been received?****Has this support been helpful and if so why?** |  |
| **Has your child received support from any other agencies? Please name.*****e.g. Social Care, Health / CAMHS, Therapies*** |  |
| **What help has been received?****Has this support been helpful and if so why?** |  |
| **Has the educational support your child has received helped them make progress?** |  |
| **How would you like things to improve?** |  |
| **Any other comments?** |  |
| **Would you like a personal budget? If yes please say how you would use it and any other relevant comments?** |  |

**Section B - Changes to Education Needs**

|  |
| --- |
| **Cognition and Learning** |
| **Points that need amending and reasons** |  |
| **Points that need including and reasons** |  |

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| --- |
| **Communication and Interaction** |
| **Points that need amending and reasons** |  |
| **Points that need including and reasons** |  |

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| **Social, Emotional and Mental Health** |
| **Points that need amending and reasons** |  |
| **Points that need including and reasons** |  |

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| **Sensory and/or Physical** |
| **Points that need amending and reasons** |  |
| **Points that need including and reasons** |  |

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| --- | --- | --- |
| **Overall attendance figure for this academic year** | Authorised | % |
| Unauthorised | % |
| **Comments** |
|  |

**Section C - Changes to Health Needs**

|  |  |
| --- | --- |
| **Do current needs within Section C of the EHCP continue to be accurate and relevant?** | Yes / No |
| **If not, please explain the changes and their possible impact on learning.** |
|  |
| **Have any new health needs been identified in the last year, that have an impact on the child or young person’s ability to learn?** | Yes / No |
| **If yes, please detail additional needs.** |
|  |
| **Professional evidence supporting new health need attached:** |
| Name of professional | Report | Date of report |
|  |  |  |
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**Section D - Changes to Social Care Needs**

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| --- | --- |
| **Do current needs within Section D of the EHCP continue to be accurate and relevant?** | Yes / No |
| **If no, please detail why.** |
|  |
| **Have any new social care needs been identified in the last year?** | Yes / No |
| **If yes, please detail additional needs.** |
|  |
| **Has an assessment or review of the relevant social care plan been carried out?**  | Yes / No |
| **If yes, please detail additional needs.** |
|  |
| **Have you received a carer’s assessment in the past 12 months?** | Yes / No |
| **If yes, please provide relevant details.** |
|  |
| **Professional evidence supporting new social care need attached:** |
| Name of professional | Report | Date of report |
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**Section E - Current Education Outcomes**

***(for PfA guidance on outcomes please visit*** [***preparingforadulthood.org.uk***](https://www.preparingforadulthood.org.uk/SiteAssets/Downloads/yeded5wb636481748062535810.pdf)***)***

Preparing for Adulthood (PfA) outcomes are:

1. Progression to further / higher education and/or employment
2. Independent Living and Housing
3. Friendships, relationships and being part of my community
4. Being as healthy as possible in adult life

Please indicate the relevant number in the last column

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| --- | --- | --- | --- | --- |
| **Outcome from the EHCP** | **Please describe progress in relation to the CYP’s targets in their SEN Support Plan** | **Does it remain appropriate?** | **Comments** | **How does this outcome relate to PfA?** |
| **1** |  | Below expectations/ Expected / Exceeding expectations | Yes / No | ***What went well?******What could be improved?*** |  |
| **2** |  | Below expectations/ Expected / Exceeding expectations | Yes / No | ***What went well?******What could be improved?*** |  |
| **3** |  | Below expectations/ Expected / Exceeding expectations | Yes / No | ***What went well?******What could be improved?*** |  |
| **4** |  | Below expectations/ Expected / Exceeding expectations | Yes / No | ***What went well?******What could be improved?*** |  |
| **5** |  | Below expectations/ Expected / Exceeding expectations | Yes / No | ***What went well?******What could be improved?*** |  |
| **6** |  | Below expectations/ Expected / Exceeding expectations | Yes / No | ***What went well?******What could be improved?*** |  |

**Progress and attainment over the last year**

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| --- | --- | --- | --- |
| **Area /Subject / Course** | **Type of assessment** | **Current level / progress** | **Projected level / progress** |
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| Are you of the view that an EHCP is still required? | Yes / No |

**Suggested New Outcome(s)**

*If the child / young person is in a transitional year, new outcomes must be devised for each area of need and for the next key stage.*

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| Outcome for the EHCP | To be achieved by | How does this outcome relate to PfA? |
| **1** |  |  | *Employment/ Independent Living/ Community Inclusion/ Being Healthy* |
| **2** |  |  | *Employment/ Independent Living/ Community Inclusion/ Being Healthy* |
| **3** |  |  | *Employment/ Independent Living/ Community Inclusion/ Being Healthy* |
| **4** |  |  | *Employment/ Independent Living/ Community Inclusion/ Being Healthy* |
| **5** |  |  | *Employment/ Independent Living/ Community Inclusion/ Being Healthy* |
| **6** |  |  | *Employment/ Independent Living/ Community Inclusion/ Being Healthy* |
| **7** |  |  | *Employment/ Independent Living/ Community Inclusion/ Being Healthy* |

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| **Since the last annual review:** |
| **What Post-16 Pathways have been explored and identified?** |
|  |
| **What support is being provided regarding opportunities in employment?** |
|  |
| **Where does the young person want to live in the future, who with and what support may they need in the future?**  |
|  |
| **How has the young person been supported to manage their own health needs? What support may they need in the future?** |
|  |
| **What arrangements are in place for the young person to access social and community activities?** |
|  |

**Section F - Current Education Provision**

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| **Cognition and Learning** |
| **Points that need amending and reasons** |  |
| **Points that need including and reasons** |  |

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| --- |
| **Communication and Interaction** |
| **Points that need amending and reasons** |  |
| **Points that need including and reasons** |  |

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| --- |
| **Social, Emotional and Mental Health** |
| **Points that need amending and reasons** |  |
| **Points that need including and reasons** |  |

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| --- |
| **Sensory and/or Physical** |
| **Points that need amending and reasons** |  |
| **Points that need including and reasons** |  |

**Section G - Current Health Provision**

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| **Points that need amending and reasons** |  |
| **Points that need including and reasons** |  |

**Section H1 - Current Social Care Provision**

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| **Points that need amending and reasons** |  |
| **Points that need including and reasons** |  |

**Section H2 - Current Social Care Provision**

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| **Points that need amending and reasons** |  |
| **Points that need including and reasons** |  |

**Section I - Placement**

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| **Is current placement still able to achieve the desired outcomes?** | Yes / No |
| **How have resources been used to meet the child / young person’s educational needs?****(Inclusion of a provision map is desired)** |
|  |
| **Is any additional equipment used? If so, for which outcome and is it still required?** |
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| **Is the child / young person in a transitional year? (please tick if applicable)** |
| Pre-School/Foundation to Primary school |  |
| Infants to Junior school |  |
| Primary to Secondary school |  |
| KS3 to KS4 (Year 9) |  |
| KS4 to KS5 (Year 11) |  |
| Year 13 |  |
| Year 14 |  |
| Post Year 19 |  |
| **If applicable, what is the parental / young person preference for next placement?** |
| Name of school / college  | Comments |
| 1 |  |  |
| 2 |  |  |

**Section J**

**Personal Budget**

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| --- | --- |
| **Is there a personal budget already in place?** | Yes / No |
| **If yes, what has been the impact of the personal budget on achieving outcomes?** |
|  |
| **Does the parent(s)/young person wish to request a personal budget?** | Yes / No |
| **How will the personal budget impact future achievement of outcomes?** |
|  |

**Section K - Contributors to this Annual Review**

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| --- | --- | --- | --- |
| **Name** | **Role** | **Advice submitted for review?** | **Contact details** |
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| **Discussion points at the Annual Review meeting** |
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| **Action Points** | **By whom** | **By when** |
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**Form completed by:**

|  |  |
| --- | --- |
| Name |  |
| Role |  |
| Contact details |  |
| Signature |  |
| Date |  |

**Appendices:**

|  |  |
| --- | --- |
|  | Included? |
| Attendance report |  |
| Academic data |  |
| Individual Education Plan (IEP)/ SEN Support Plan |  |
| Behaviour log (where applicable)  |  |
| Reports from school staff |  |
| Reports from external professionals (e.g. SALT, OT) |  |
| Short Breaks Provider Reports/ Plan |  |
| All about me |  |
| Other (please state) |  |