



Review of an EHCP

Date of Annual Review Meeting:

Current Educational Setting:

School should fill in as much as possible and send out to the parents and the Local Authority two weeks prior to the Annual Review meeting.

Section 1 – personal details, child/young person’s views and parent/carer views		
Child/Young Person Details		
Name:	Gender:	Date of Birth:
Home Language:	Ethnicity:	Religion:
UPN:		
Address:		
Postcode:		
Primary Area of SEN:		
Communication and Interaction <input type="checkbox"/>		
Cognition and Learning <input type="checkbox"/>		
Social, Emotional and Mental Health <input type="checkbox"/>		
Sensory or Physical <input type="checkbox"/>		
Is the Child/Young Person a Child in Care? Yes/No		
If yes, which Authority is the child/young person in care to?		
Name of Social Worker:	Workplace Address:	
Telephone Number:	Email Address:	
Parent/Carer Details – 1st contact		
Name of Parent/Carer:		
Address:		
Postcode:		
Home Telephone Number:	Mobile Number:	
Email Address:		



Preferred Method of Contact:	Parental Responsibility: Yes/No
Parent/Carer Details – 2nd contact	
Name of Parent/Carer:	
Address:	
Postcode:	
Home Telephone Number:	Mobile Number:
Email Address:	
Preferred Method of Contact:	Parental Responsibility: Yes/No

Section 2 – Record of people invited to and/or attending the meeting.			
Name	Role and/or relationship to family	Attended Yes/No	Report requested/received Yes/No

<p>Section 3 – Child/Young Person’s Views & Aspirations</p> <p>A paper version of this section is available; please ask for one if you would prefer it in that format.</p> <p><i>I am good at:</i></p> <p><i>I find it difficult to:</i></p>
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I need to improve:

I am proud of:

Things which help me to learn:

Section 4 – Parent/Carer Views & Aspirations

A paper version of this section is available; please ask for one if you would prefer it in that format.

What progress do you think your child has made this year?

What do you think your child still finds difficult?

Have there been any significant changes in your child's needs?

How do you (or could you) help your child at home?



Do you have any other comments?

Section 5 - Attendance Data

Please give % attendance data for current and previous year

<i>Attendance (current year) =</i>	<i>Attendance (Previous year) =</i>
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Section 6 - Attainment Data
Please provide details demonstrating both current attainment and rates of progress.
(please use appropriate table for age/stage)

EYFS	Nursery 1	Nursery 2	Reception
Personal, Social Emotional Development			
Communication and Language			
Literacy			
Mathematical Understanding			
Understanding of the World			
Physical development			
Expressive Arts and Design			

Primary/Secondary/Post 16

Subject area	Prior attainment	Current attainment	Progress made over 12 months
S and L			
Reading			
Writing			
Maths			
Other as appropriate			



Analysis of academic progress – please comment on progress over the key stage and over the last 12 months

Analysis of other progress – including social, emotional and physical as relevant

Evidence of Transition Planning

Evidence of Transition Planning (Preparation for adulthood) – Year 9 onwards

Transition plan included: Yes/ No

Summary of additional provision put in place this year

School resources used £.....

EHCP top-up funding of £.....



Section 7 – Education: Progress toward outcomes set in EHCP

(Insert or delete rows as required)

Long - term Outcome (End of Key Stage/Phase)	Short -Term Outcome (Up to 12 months)	Has the outcome been met? Yes/No/Partially	Impact/Progress towards meeting the long term outcomes

Health – Progress towards outcomes set in EHCP

Long - term Outcome (End of Key Stage/Phase)	Short -Term Outcome (Up to 12 months)	Has the outcome been met? Yes/No/Partially	Impact/Progress towards meeting the long term outcomes



Social Care – Progress towards outcomes set in EHCP			
Long - term Outcome (End of Key Stage/Phase)	Short -Term Outcome (Up to 12 months)	Has the outcome been met? Yes/No/Partially	Impact/Progress towards meeting the long term outcomes

Section 8 - New short – term (or continued) outcomes as a result of the annual review meeting/discussion (If existing short – term objectives have not been met/partially met and are to remain, indicate what changes will be made to the provision for the future). Add or delete rows as required.			
Education:			
Long - Term Outcome	Short –Term Outcome	Date set	Provision including frequency, duration and staff-to-pupil ratio



Health:			
Long - Term Outcome	Short –Term Outcome	Date set	Provision including frequency, duration and staff-to-pupil ratio
Social Care:			
Long - Term Outcome	Short –Term Outcome	Date set	Provision including frequency, duration and staff-to-pupil ratio

Section 9 - Summary of key action points from review meeting (Record of discussion)	Action

Personal Budget
<p>Has the need for a Personal Budget been identified within the EHC plan?</p> <p>Yes / No / Want more information before deciding</p>

Recommendations (*delete as appropriate)		
<p>Maintain EHCP If Yes; All agree that long-term/short-term outcomes remain appropriate and that the level of support is sufficient to meet needs.</p>	Yes/No*	
<p>Amend EHCP If Yes; please indicate what specific amendments are requested below and give evidence to support that request.</p>	Yes/No*	
<p>Cease EHCP If Yes; please give details and signpost to evidence to support the cease request (ie: child/young person's needs can be fully met at SEN Support)</p>	Yes/No*	
<p>Reassessment of needs If Yes; please explain why reassessment of needs is being requested.</p>	Yes/No*	



Signatures	Printed	Signed	Date
Head Teacher/Deputy/ Manager/owner			
SENCo/Senior Manager/			
Parent / carer			
Child / young person (if appropriate)			

Agreement of Parent /Carer	
*Delete as appropriate	
Child/Young Person's name:	D.O.B.
<input type="checkbox"/> I/we agree with papers being shared with educational settings, schools and professionals as and when appropriate.	
Signed:	Date:
(Parent / Carer) Delete as appropriate	
Signed:	Date:
(Parent / Carer) Delete as appropriate	
Signed:	Date:
(Child/Young Person – if appropriate) Delete as appropriate	

Please send completed Annual Review documents to the Local Authority **within two weeks** following the Annual Review meeting, ensuring all sections are fully completed including parental consent (on the next page). Attach any reports that are referred to within the body of the report.

Date Annual Review Paperwork received into LA: