**Annual Review of an EHC Plan (non-live paper based) up to and including Year 8**

**Date of Annual Review Meeting:** **Setting:**

*This is an editable WORD document and should, wherever possible, be completed electronically. Rows can be added or deleted as necessary. The setting should fill in as much as possible and send out to the parents/carers two weeks prior to the Annual Review meeting. The EHC Plan must be reviewed annually, however there is no expectation that it will require amending annually. Amendments are required when there are significant changes to the needs, outcomes or provision. (EHCP’s may not need to be amended on a very frequent basis* *section 9.153 CofP)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child/Young Person Details** | | | | | | | | | |
| Name: | | | | Gender: | | | Date of Birth: | | |
| Home Language: | | | | Ethnicity: | | | Religion: | | |
| UPN: | | | | | | | | | |
| Address: | | | | | | | | | |
| Postcode: | | | | | | | | | |
| **Primary** Area of SEN: \*Delete as appropriate  Communication and Interaction\*, Cognition and Learning\*, Social, Emotional and Mental Health\*, Sensory or Physical\* | | | | | | | | | |
| **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** | | | | | | | | | |
| Name of Parent/Carer: | | | | | | | | | |
| Address: | | | | | | | | | |
| Postcode: | | | | | | | | | |
| Home Telephone Number: | | | | | Mobile Number: | | | | |
| Email Address: | | | | | | | | | |
| Preferred Method of Contact: | | | | | Parental Responsibility: Yes/No | | | | |
| **Parent/Carer Details** | | | | | | | | | |
| Name of Parent/Carer: | | | | | | | | | |
| Address: | | | | | | | | | |
| Postcode: | | | | | | | | | |
| Home Telephone Number: | | | | | Mobile Number: | | | | |
| Email Address: | | | | | | | | | |
| Preferred Method of Contact: | | | | | Parental Responsibility: Yes/No | | | | |
|  | | | | | | | | | |
| **Record of people invited to and attending the meeting (insert/delete rows as required)** | | | | | | | | | |
| **Name** | | **Role and/or relationship to family** | | | | | **Invited**  **Yes/No** | **Attended**  **Yes/No** | **Report received**  **Yes\*/No** |
|  | | Lead Professional | | | | |  |  |  |
|  | | Parent/Carer | | | | |  |  |  |
|  | |  | | | | |  |  |  |
| Reports received from appropriate professionals and/or agencies should be attached. This is vital if recommendations to amend the plan have been made. | | | | | | | | | |
|  | | | | | | | | | |
| **Child/Young Person’s Views & Aspirations** A paper version of this section is available (see appendix 1). To be completed prior to the meeting wherever possible. It can be amended at the meeting if views have changed. | | | | | | | | | |
| What I like and enjoy doing. | | | | | | | | | |
| What I think I’m good at. | | | | | | | | | |
| What I don’t like or don’t like doing. | | | | | | | | | |
| What I need to improve. | | | | | | | | | |
| The best way to communicate with me is…. | | | | | | | | | |
| Things that help me in the school/setting are… | | | | | | | | | |
| **Parent/Carer Views and Aspirations.** A paper version of this section is available (see appendix 2). To be completed prior to the meeting wherever possible. It can be amended at the meeting if views have changed. | | | | | | | | | |
| What are your views about the progress your child is making / what’s working well / what’s not working well? | | | | | | | | | |
| What are your aspirations for your child for the short-term? | | | | | | | | | |
| What are your aspirations for your child for the long-term? | | | | | | | | | |
| Use this space to tell us anything else you would like us to know: | | | | | | | | | |
| **Attendance Data** Please give % attendance data | | | | | | | | | |
| *Attendance (current year) =* | | | | | | *Attendance (Previous year) =* | | | |
| **Current Attainment Data** | | | | | | | | | |
| Please give details of current attainment data from school based assessments or other professional reports (EP/LSAT etc). | | | | | | | | | |
| **Sections** **B, C** and **D** of an EHC plan describes the child/young person’s:   * Strengths and special educational needs; * Health needs which relate to SEN; * Social care needs that relate to SEN.   Changes to **any** of the above needs as described in the EHC Plan must be considered on the basis of appropriate professional advice (e.g. Educational Psychologist, Speech and Language Therapy Service, CAMHS, Occupational Therapy, Sensory Inclusion Service, Paediatrician/consultant and so on). Reports from professionals used to suggest amendments to a plan **must** be attached to this document. | | | | | | | | | |
| Please describe any **significant** changes to the child/young person’s educational, health and care needs that will support the Local Authority to amend the plan if necessary. For each section of the current plan, identify where information remains the same, should be removed or should be added. Please provide supporting evidence / professional reports confirming changes to needs where appropriate **(this is essential where Social Care or Health needs require amending).** | | | | | | | | | |
| **Communication and Interaction** | What should be deleted from this section:  What should be added to this section: | | | | | | | | |
| **Cognition and Learning** | What should be deleted from this section:  What should be added to this section: | | | | | | | | |
| **Social, Emotional and Mental Health** | What should be deleted from this section:  What should be added to this section: | | | | | | | | |
| **Sensory and/or Physical** | What should be deleted from this section:  What should be added to this section: | | | | | | | | |
| **Health** | What should be deleted from this section:  What should be added to this section: | | | | | | | | |
| **Social Care** | What should be deleted from this section:  What should be added to this section: | | | | | | | | |
| **Briefly review the progress towards current outcomes:** | | | | | | | | | |
| Are the outcomes as identified in the EHCP remaining the same? Yes/No  Evidence of short term outcomes must be attached to the AR Paperwork. | | | | | | | | | |
| **Section E** of the plan is a summary table of the long-term outcomes.  On the basis of any changes you have identified to be made to **Sections B, C and D**, are there any changes to the current outcomes required? From Year 9 onwards the focus should be on the four Preparing for Adulthood (PfA) outcomes. | | | | | | | | | |
| Suggested outcomes to be deleted: | | | | | | | | | |
| Suggested outcomes to be added: | | | | | | | | | |
| **Sections F, G and H** of the plan list the provision(s) required to meet the long-term outcomes. A provision map detailing how the provision outlined in the plan is being implemented should be available at the review meeting.  On the basis of any changes you have identified to be made to the outcomes, are there any changes to the current provision required? | | | | | | | | | |
| Provision(s) to be deleted: | | | | | | | | | |
| Provision(s) to be added: | | | | | | | | | |
| **Request for a change of Banding:** | | | | | | | | | |
| From… To…  Please provide details (e.g. a costed provision map) if the request is for an increase in Banding.  Special Schools need to complete the appropriate request for additional funding form (Template 1 and/or 2). | | | | | | | | | |
| **Summary of key action points from annual review meeting (Record of discussion)** | | | | | | | | **Action**  **(by whom/when)** | |
|  | | | | | | | |  | |
| **Personal Budget** | | | | | | | | | |
| Would the young person, parent or carer want more information on Personal Budgets?  <http://www.telfordsend.org.uk/localofferservices/homepage/10/personal_budgets>  Yes / No / Want more information before deciding  If a personal budget is already in place please provide details (Social Care to provide details from Care Plan). | | | | | | | | | |
| **Transport:** Only complete this section if the pupil has transport. specified in their EHC Plan | | | | | | | | | |
| Please identify current travel arrangements: | | | | | | | | | |
| School Bus 🞏 | Taxi 🞏 | | | | | Bus Pass 🞏 | | Other (specify) 🞏 | |
| *What special travel arrangements are in place to meet the particular needs of the child/young person?*  *Could the young person be considered for independent travel training?* | | | | | | | | | |
| *Does this include a passenger assistant?* | | | | | | | | | |
| *Any other comments about the child/young person’s travel arrangements?* | | | | | | | | | |
| **Recommendations (\*delete as appropriate)** | | | | | | | | | |
| Maintain EHCP | | | Yes/No\* | | | If Yes; All agree that long-term/short-term outcomes remain appropriate and that the level of support is sufficient to meet needs. | | | |
| Amend EHCP | | | Yes/No\* | | | If Yes, which sections are you changing? (Circle/Highlight) a, b, c, d, e, f, g, h, i, j, k, l  If an increase / decrease in Banding is requested please ensure the Banding section above has been completed or complete Template 1. | | | |
| Cease EHCP | | | Yes/No\* | | | 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) | | | |
| Reassessment of needs | | | Yes/No\* | | | If Yes; please explain why reassessment of needs is being requested (**note: this will start the 20 week process**). | | | |
| **Agreement of content of review:** | | | | | | | | | |
|  | **Signature** | | | | | **Printed** | | **Date** | |
| Head Teacher |  | | | | |  | |  | |
| SENCo |  | | | | |  | |  | |
| Parent |  | | | | |  | |  | |
| Child/Young Person |  | | | | |  | |  | |
| **Agreement of Parent /Carer**  \*Delete as appropriate | | | | | | | | | |
| Child/Young Person’s name: Date: | | | | | | | | | |
| * I/we agree with papers being shared with educational settings, schools and professionals as and when appropriate.   Privacy Notice under the Data Protection Act (General Data Protection Regulations from 26th May 2018)  Telford & Wrekin Council are collecting Personal Identifiable Information to enable the best possible advice and support to be provided and to meet the statutory requirements under the Children and Families Act 2014. We need to collect this information in order to consider the outcomes and recommendations following an Education Health Care Plan review. This information is being processed under DPA – Schedule 2 (2a) (GDPR 2018 -Article 6 (1) b).  Telford & Wrekin Council will not share any Personal Identifiable Information collected with external organisations unless required to do so by law. However, this information will be shared within Telford & Wrekin Council and partners agencies (Department of Education, NHS, Schools/Settings, and Early Years providers). For further details on the council’s privacy arrangements please view the privacy page on the council’s website page <http://www.telford.gov.uk/terms> | | | | | | | | | |
| Signed: Date:  (Parent / Carer)  Delete as appropriate | | | | | | | | | |
| Signed: Date:  (Parent / Carer)  Delete as appropriate | | | | | | | | | |
| Signed: Date:  (Child/Young Person – if appropriate)  Delete as appropriate | | | | | | | | | |

**Appendix 1**

|  |  |
| --- | --- |
| **Child/Young Person’s Views and Aspirations for Adulthood** (to be completed prior to the meeting wherever possible. It can be amended at the meeting). | |
| What I like and enjoy doing. |  |
| What I am good at. |  |
| What I don’t like or don’t like doing. |  |
| The best way to communicate with me is…. |  |
| How I feel about the future / What job I think I would be good at. |  |
| What training and /or further education I think I might need to help me get a job. |  |
| What I and others need to do to help me get a job in the future. |  |
| Where I would like to live in the future. |  |
| What I need to do to prepare for my future. |  |
| Other comments |  |

**Appendix 2**

|  |  |
| --- | --- |
| Parent/Carer Views and Aspirations for Adulthood: (to be completed prior to the meeting wherever possible. It can be amended at the meeting). | |
| What are your views about the progress your child is making / what’s working well / what’s not working well? |  |
| What are your aspirations for your child for the short-term? |  |
| What are your aspirations for your child for the long-term? |  |
| Use this space to tell us anything else you would like us to know: |  |
| Other comments |  |