



Annual Review of an EHCP

Date of Annual Review Meeting:

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 attending the meeting.			
Name of Independent Supporter and/or Advocate:		Name of lead professional:	
Name	Role and/or relationship to family	Attended Yes/No	Report requested/received Yes/No

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



<i>I need to improve:</i>
<i>I am proud of:</i>
<i>Things which help me to learn:</i>
<i>My aspirations:</i>
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.
<i>What progress do you think your child / young person has made this year?</i>
<i>What do you think your child / young person still finds difficult?</i>
<i>Have there been any significant changes in your child's needs?</i>
<i>How do you (or could you) help your child / young person at home?</i>



Do you have any other comments?

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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 of National Curriculum levels, demonstrating both current attainment and rates of progress.
 (please use appropriate table for age/stage)

Attainment Data EYFS	Nursery 1	Nursery 2	Reception
Personal, Social Emotional Development			
Communication, language and literacy			
Mathematical Development			
Knowledge and understanding of the world			
Physical development			
Creative development			

Attainment Data Primary

	Year 1	Year 2	Year 3	Year 4	Year 4	Year 5
S and L						
Reading						
Writing						
Maths						

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Attainment Data Secondary						
	Year 7	Year 8	Year 9*	Year 10*	Year 11*	Post 16 (Identify year group)
S and L						
Reading						
Writing						
Maths						

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

Action plan included: Yes / No

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



Summary of additional provision put in place this year

School / setting resources used £.....

EHCP top-up funding of £..... (please add the Element or banding of funding written in the current EHCP)

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



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 annual review meeting (Record of discussion)	Action

Personal Budget
<p>Would the young person, parent or carer want more information on an Education Personal Budget? http://www.telfordsend.org.uk/localofferservices/homepage/10/personal_budgets</p> <p>Yes / No / Want more information before deciding</p>

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; please indicate what specific amendments are requested below and give evidence to support that request.
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.
Suggested amendments if required – please give details (e.g: decrease/increase in provision, removal/addition of outcomes or change of provision/setting)		



	Signatures	Printed	Date
Head Teacher			
SENCo/Senior Manager/ Teacher			
Parent / carer			
Child / young person (if appropriate)			
Agreement of Parent /Carer			
*Delete as appropriate			
Child/Young Person's name:		Date:	
<input type="checkbox"/> I/we agree with papers being shared with educational settings, schools and professionals as and when appropriate.			
<p><u>Privacy Notice under the Data Protection Act (General Data Protection Regulations from 26th May 2018)</u></p> <p>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).</p> <p>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</p>			
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 **immediately** 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: