**EDUCATION, HEALTH, AND CARE PLAN**

**ANNUAL REVIEW REPORT**

THIS VERSION SHOULD BE USED FOR YOUNG PEOPLE IN **YEAR 9 & ABOVE.**

Please insert an image chosen by the young person



Name of the Young Person

|  |
| --- |
| This review has been completed by |
| Name: |  | Designation: |  |
| Name of Educational Setting:  |  |
| Provision map included (please circle) | Yes | No |

|  |  |
| --- | --- |
| Date of the Annual Review  |  |
| Date this report was sent to the LA |  |

**PART 1: GENERAL INFORMATION**

**Please highlight any information that has changed from that which is provided in the current Education, Health and Care Plan**

|  |
| --- |
| **Child / Young Person Information** |
| Name: |  |
| Home Address: |  |
| Date of Birth: | Click to enter D.O.B | Gender: |  |
| Ethnicity |  | Religion: |  |
| Languages spoken at home |  | Is an interpreter required? |  |

|  |
| --- |
| **Parent /Carer 1 Information** |
| Name: |  |
| Address: |  |
| Telephone:  |  |
| Email:  |  |

|  |
| --- |
| **Parent /Carer 2 Information** |
| Name: |  |
| Address: (if different from above) |  |
| Telephone:  |  |
| Email:  |  |

|  |
| --- |
| Social Care Indicators: is the child / young person… |
| Looked after by the Local Authority? | Yes | No |
| Subject to a Child Protection Plan? | Yes | No |
| Identified as a Child in Need? | Yes | No |

|  |
| --- |
| Health contact Information |
| Name of GP: |  | NHS Number: |  |
| Address of GP: |  |

Please use the table below to specify all professionals that are involved in supporting Name of the Young Person. *Whilst some prompts have been provided this is not an exhaustive list – please add/delete rows where relevant*

|  |  |  |
| --- | --- | --- |
| **Service** | **Name of professional**  | **Contact details** |
| Educational Psychology Service |  |  |
| Speech and Language |  |  |
| Occupational Therapy |  |  |
| INSPIRE Specialist |  |  |
| Physiotherapy |  |  |
| CAMHS |  |  |
| School Nurse |  |  |
| Continuing Care |  |  |
| Children’s Social Worker |  |  |
| Adult Social Worker |  |  |
| Careers Adviser |  |  |
| Paediatrician |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**PART 2: CHILDREN AND YOUNG PEOPLE AND PARENT/ CARER VIEWS**

**ALL ABOUT ME**

Please use the following as suggestions for a conversation around achievements and aspirations. It is by no means a comprehensive list and can be used to record any relevant comments that the young person wishes to add.

|  |
| --- |
| What I’m good at and my achievements and successes over the past year |
|  |

|  |
| --- |
| What’s important to me |
|  |

|  |
| --- |
| Things I like about me now |
|  |

|  |
| --- |
| Things others like about me now |
|  |

|  |
| --- |
| What is working well for me now |
|  |

|  |
| --- |
| What I’d like to change |
|  |

|  |
| --- |
| My aspirations and goals for the future:  |
|  |
| My aspirations/goals for further / higher education and/or employment? |
|  |
| My aspirations/goals for independent living |
|  |
| My aspirations/goals for friendships, relationships and being part of the community |
|  |
| My aspirations/goals to be as healthy as possible in adult life |
|  |

|  |
| --- |
| How I need to be supported to be heard and understood: including any strategies, and adaptations e.g., visuals, gestures, PECs, Makaton, photographs etc. |
|  |

|  |
| --- |
| Please attach any visual/information to represent your story? (eg video, picture, photos etc)  |
|  |

|  |
| --- |
| Did anyone help me with this part? If so, what is their name and how did they help me? |
|  |

**PARENT/CARER VIEWS**

Please use the following as suggestions for a conversation around achievements and aspirations. The parent/carer is invited to contribute their views in another form if they prefer, for example a letter or a statement.

|  |
| --- |
| What’s working well for you when supporting your child? |
|  |
| Is there anything about your child’s support that is not working well? |
|  |
| What are your aspirations for your child and your hopes for the future? This might include: education, play, health, friendships, further education, university, independent living, and employment. |
|  |
| Is there anything else you would like to say? |
|  |

**PART 3: REVIEW MEETING INFORMATION**

**Contributors to Annual review**

Please include the list of those who were invited, attended, provided information for the review meeting. Please see annual review guidance re who to invite to attend. Please add or delete as necessary.

| **Details of meeting attendees / report contributors** |
| --- |
| **Type of contributor/attendee** | **Name of contributor/attendee** | **Invited to review meeting? Y/N** | **Attended review meeting? Y/N** | **Written report attached? Y/N** |
| Young person |  |  |  |  |
| Parent/Carer(s) |  |  |  |  |
| Education setting |  |  |  |  |
| Social Care Professionals |  |  |  |  |
| Careers Advisor (Year 9 onwards) |  |  |  |  |
| Speech and Language Therapist  |  |  |  |  |
| Occupational Therapist  |  |  |  |  |
| Physiotherapist  |  |  |  |  |
| Paediatrician |  |  |  |  |
| Child & Adolescent Mental Health Service (CAMHS) |  |  |  |  |
| Hearing Impairment Service (HI) |  |  |  |  |
| Visual Impairment Service (VI) |  |  |  |  |
| Educational Psychologist |  |  |  |  |
| Continuing Care professional |  |  |  |  |
| School Nurse |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| How did the young person participate in their review? |
|  |
| If they did not participate in the meeting, please explain why |
|  |

**PART 4: PROGRESS SINCE THE LAST REVIEW**

**PREPARATION FOR ADULTHOOD**

For children in Year 9 and above there must be a greater focus on preparation for adulthood (PfA), please outline how the need or provision relates to the four pathways for preparation for adulthood. Aspirations/goals related to planning for adulthood are set out in Part 2: All About Me.

|  |
| --- |
| **Pathway 1: Preparation for Employment or Further/Higher Education** |
| What progress has Name of the Young Person made since the last review? |
|  |
| What support is needed, and can this be provided by the school?  |
|  |

|  |
| --- |
| **Pathway 2: Independent living** |
| What progress has Name of the Young Person made since the last review? |
|  |
| What support is needed, and can this be provided by the school? |
|  |

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| --- |
| **Pathway 3: Friends, Relationships and Community Participation** |
| What progress has Name of the Young Person made since the last review? |
|  |
| What support is needed, and can this be provided by the school? |
|  |

|  |
| --- |
| **Pathway 4: Health** |
| What progress has Name of the Young Person made since the last review? |
|  |
| What support is needed, and can this be provided by the school? |
|  |

**HEALTH**

|  |  |  |
| --- | --- | --- |
| Have the child’s / young person’s health needs changed in the last year? | Yes | No |
| Current health package is: |  |
| If the health needs have changed, please indicate how? |
|  |
| What is the impact of health needs on preparing for and transition to adulthood/ work/work experience |
| (A *health checklist is available in the Annual Review Resources section of the Local Offer)* |

**SOCIAL CARE**

|  |  |  |
| --- | --- | --- |
| Have the child’s / young person’s care needs changed in the last year? | Yes | No |
| Current social care package is: |  |
| If the social care needs have changed, please indicate how? |
|  |
| What is the impact of social care needs on preparing for and transition to adulthood? |
|  |

**PART 5: EHCP Amendments if Requested**

EHCPS are not expected to require frequent changes and updates. When they do need amending, there should be supporting evidence to inform any changes. Changes must be evidenced in relevant reports and attached to this annual review record.

* Recommendations for any amendments required to the EHC plan must be clear, quantifiable and based on the available evidence.
* Where there is any difference between the educational provider’s recommendations and those of others attending the Annual Review, please set this out in the box below.

If you would like to recommend changes, please specify in each box below sections to be deleted, amended or added (by cutting and pasting from the EHC plan – please request a Word version of the EHC plan if you do not have one). Please use the following key when proposing amendments:

* ~~strikethrough~~ text for deletions
* add new text in **green**

|  |
| --- |
| **Section B: Changes to Education Needs (no longer relevant /add new or change existing)** |
|  |
| **Section C – Changes to Health Needs (no longer relevant /add new or change existing).** |
|  |
| **Section D – Changes to Social Care Needs (no longer relevant /add new or change existing).** |
|  |
| **Section E –Amendments to Outcomes.**  Either to delete as no longer relevant / add new or change existing. |
|  |
| **Section F, G and H1/2 - Requested changes in Provision.** Either to delete as no longer relevant / add new or change existing.  |
|  |
| The Annual Review report should reflect the views of everyone at the meeting. Please record here any different views that any attendees have in relation to requested amendments to the EHCP |
|  |

**PART 6: ATTAINMENT DATA AND PROGRESS OVER TIME**

Please provide the child or young person’s attainment data and how that compares to the expectation for children of the same age. Please attach a copy of how your school assesses and monitors pupil progress.

|  |  |  |
| --- | --- | --- |
| **Key Stage 3 or 4 Current Attainment:** | **Date of Assessment:** |  |
| **National Curriculum Year** |  |
|  | **English**  | **Maths** | **Science** | **Other: please specify** |
| **Child’s attainment level** |  |  |  |  |
| **Expected level for child of same age** |  |  |  |  |
| **Top Tip**: Do not state ‘below age related expectation’ as this does not specify how far below the child is performing in comparison to their peers. |

|  |  |
| --- | --- |
| **Progress and information on tracking progress if National Curriculum levels not used** | **Date** |
| **English Reading**  | **English Writing** | **Maths** | **Science** |
|  |  |  |  |
| Please explain your setting’s assessment/tracking system showing the whole scale |

|  |  |
| --- | --- |
| **Post 16 education** |  |
| Courses already completed including level achieved/partially achieved |  |
| Current course including level |  |
| Expected course end date |  |

**ATTENDANCE AND SUSPENSIONS RECORD**

Please provide percentage of unauthorised and authorised attendance

|  |  |
| --- | --- |
| **% of authorised absence** | **% of unauthorised absence** |
| **Current year** | **Previous Year** | **Current year** | **Previous Year** |
|  |  |  |  |
| Please provide any other relevant information |
|  |

Please provide the number of suspensions

|  |  |
| --- | --- |
| **Total number of suspensions in current year** | **Total days of suspension in current year** |
|  |  |
| Please provide any other relevant information |
|  |

**PART 7: REVIEW OF OUTCOMES IN CURRENT EHCP**

Please use the following to discuss progress towards and achievements made regarding the current outcomes within the young person’s EHCP.

| **Outcome***Copy and paste the current outcomes from the original EHCP.*  | **Achieved / Partially met / Not achieved** | **Reason (Please attach relevant reports)** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please add rows as required

**OUTCOMES FOR THE NEXT YEAR**

Please only complete this section if an EHC Plan is required

**OUTCOMES FOR ALL YOUNG PEOPLE IN YEAR 9 AND ABOVE**

At least one outcome is required for each PfA area:

|  |
| --- |
| **1. Progression to further / higher education and/or employment** |
| **Outcome:** |
| Steps towards the outcome? |
|  |

|  |
| --- |
| **2. Independent Living and Housing** |
| **Outcome:** |
| Steps towards the outcome? |
|  |

|  |
| --- |
| **3. Friendships, relationships and being part of the community** |
| **Outcome:** |
| Steps towards the outcome? |
|  |

|  |
| --- |
| **4. Being as healthy as possible in adult life** |
| **Outcome:** |
| Steps towards the outcome? |
|  |

|  |
| --- |
| **5. *(additional outcome)*** |
| **Outcome:** |
| Steps towards the outcome? |
|  |

|  |
| --- |
| **6. *(additional outcome)*** |
| **Outcome:** |
| Steps towards the outcome? |
|  |

**PART 8: PROVISION**

All Annual Reviews should include consideration of the appropriateness of the level of support attached to the Plan. Schools/Colleges/Providers need to consider whether the current level of provision is necessary. The LA will review all the provision and decide whether the level of support should remain the same, decrease or increase. The LA will scrutinise any new outcomes to ensure that they require additional resources or if they can be met with SEN School Support and/or Quality First Teaching. The LA will also consider if it should cease to maintain the EHCP.

|  |  |  |  |
| --- | --- | --- | --- |
| Questions | YES | NO | Reason (Please attach any relevant reports) |
| Are the outcomes deliverable through school SEN Support and Quality First Teaching? |  |  |  |
| Should the LA continue to maintain the EHCP? |  |  |  |
| Does the EHCP need to be amended? (Please specify which sections require amendments in Part 5) |  |  | *EHCPS are not expected to require frequent changes and updates. When they do need amending, there should be supporting evidence to inform any changes.* |
| Is there a shared understanding of how the current support is being used and how future support might be different? |  |  |  |
| Is a change in the level of support required?***(Please attach an individual provision map)*** |  |  |  |

**PART 9: Placement**

|  |
| --- |
| **Education Placement** |
| Name of current setting: |  |
| Type of current setting:  |  |
| Is there any evidence the current placement is no longer appropriate? | Yes / No |
| If you answered yes above, please outline why the current placement can no longer meet the needs of the young person.  |
|  |
| Please provide the Headteacher’s / Principal’s report including any reasonable adjustments already made. |
|  |
| Is the child / young person due to move school at the end of the next academic year?* For young people moving into a Post 16 institution or between settings this is the 31st of March
 | Yes / No |
|  |
| Name of school / college / training provider (if known) |  |
| Date of expected transfer  |  |

|  |
| --- |
| **PERSONAL BUDGET** |
| Has a personal budget been requested by the parents/carers or young person? | Yes | No |
| If yes, please specify the details of the request |  |

|  |
| --- |
| The Annual Review report should reflect the views of everyone at the meeting and not just the consensus. Please record here any different views that any attendees have expressed. |
|  |

|  |
| --- |
| **Safeguarding** |
| Have any safeguarding concerns been raised during the Annual Review?  | Yes | No |
| If you have answered Yes, please state what the concerns are, what action is to be taken and by whom? |
|  |

SIGNED ON BEHALF OF THE SCHOOL / EDUCATION SETTING

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX 1
REPORTS AND ASSESSMENTS**

Below is a list of all reports and assessments that have been used to help write this Annual Review Report. Please add/delete as required.

|  |  |  |
| --- | --- | --- |
| REPORT / ASSESSMENT | NAME / ROLE OF AUTHOR / CONTACT DETAILS  | DATE OF REPORT |
| Child / parent additional advice |  |  |
| Educational advice |  |  |
| Medical advice |  |  |
| Psychological Advice |  |  |
| Social Care Advice |  |  |
| Advice from others |  |  |
| LA Advice since the last assessment |  |  |
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