
# children and Young People’s Department

#  Julia Hassall

##  Director

**ANNUAL REVIEW OF STATEMENT OF SPECIAL EDUCATONAL NEEDS OR EDUCATION HEALTH CARE PLAN**

Is this a TRANSFER REVIEW meeting? **Yes**  [ ]  **No** [ ]

Photograph of child

(Optional)

 Date of Meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of EHCP Co-ordinator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 1: General Information**

|  |  |
| --- | --- |
| **Name of child/young person:** |  |
| **D.O.B.**  |  | **Year Group:** |  |
| **Address:** |  |
| **Telephone Number:** |  |
| **Name of School:** |  |
| **Attendance Record:** | **% attendance** |  |
| % **authorised absence** |  |
| **% unauthorised absence** |  |

**Names of persons invited to contribute to review:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Role** | **Attended Review** | **Written Advice** |
| i) | Parents |  | **Yes**  [ ]  **No** [ ]  | **Yes**  [ ]  **No** [ ]  |
| ii) |  |  | **Yes**  [ ]  **No** [ ]  | **Yes**  [ ]  **No** [ ]  |
| iii) |  |  | **Yes**  [ ]  **No** [ ]  | **Yes**  [ ]  **No** [ ]  |
| iv) |  |  | **Yes**  [ ]  **No** [ ]  | **Yes**  [ ]  **No** [ ]  |
| v) |  |  | **Yes**  [ ]  **No** [ ]  | **Yes**  [ ]  **No** [ ]  |

**Section 2 – Views and Aspirations**

|  |
| --- |
| **All about me this is my profile** |
| **What people like and admire about me** |
|  |
| **What is important to me**  |
|  |
| **Who is important to me** |
|  |
| **How best to support me** |
|  |

**Aspirations**

|  |
| --- |
| **Short Term Aspirations** |
| **Child/ Young Person** | **Parent/ Carer** |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **Long Term Aspirations** |
| **Child/ Young Person** | **Parent/ Carer** |
|  |  |
|  |  |
|  |  |

**SECTION 3 – Special Educational Needs**

**PRIMARY AREA OF NEEDS:**

Description of SEN Cognition and Learning[ ]

 Communication and Interaction[ ]

 Sensory and Physical[ ]

 Social Emotional & Mental Health[ ]

|  |  |  |
| --- | --- | --- |
|  |  **Identified skills and strengths** | **Identified SEN** |
| **Cognition and Learning** |  |  |
| **Communication/****Learning** |  |  |
| **Sensory/Physical** |  |  |
| **Social, Emotional and Mental Health** |  |  |

**HEALTH NEEDS**

|  |  |
| --- | --- |
| **Strengths and Health Needs** | **Impact of Health Needs on Education** |
|  |  |

 **SOCIAL CARE NEEDS**

|  |  |
| --- | --- |
| **Strengths and Social Needs** | **Impact of Social Care Needs on Education** |
|  |  |

**SECTION 4: Outcomes**

|  |  |  |
| --- | --- | --- |
|  | **Progress towards current outcomes** | **Agreed updated outcomes** |
| **Education Outcomes** |  |  |
| **Health Outcomes** |  |  |
| **Social Care Outcomes** |  |  |
| **Community/Family/Informal Support** |  |  |

**SUMMARY**

1. Does the current provision enable the child or young person to work towards the agreed outcomes?

 Have the agreed outcomes been met?

ii) If this is a Year 5 Review please comment upon likely needs at secondary school.

1. Does that Statement/EHCP remain appropriate?

YES 🞎 **NO** 🞎

 If it requires amendments please specify clearly below the proposed changes.

1. If the pupil receives Element 3 funding please include the details of the targeted support within your Additional Support Plan. Alternatively, complete the attached costed provision plan.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Role: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_** ­

Please return completed form to the Local Authority within two weeks of the meeting.

One copy should be retained in school or passed with the child’s records to the child’s next school if appropriate and one copy should be given to the child’s parents.

Copies should be sent on request to those who have participated in the review.

|  |
| --- |
| **Details of CURRENT targeted support.**  |
| **SUPPORT** | **No of hours/Cost** | **Who** | **Rationale/Purpose** | **Success Criteria** |
| In Class |  |  |  |  |
| Small Group |  |  |  |  |
| Individual |  |  |  |  |
| Other |  |  |  |  |

|  |
| --- |
| Details of any specialist equipment or assistive technology. |

|  |
| --- |
| Which external professionals are currently involved and on what basis i.e. what is the contact/review arrangement? |

|  |
| --- |
| Documents to support the review |
| A | Educational Attainments/Developmental Levels |  |
| B | If available, please provide the following:* Person Centred Profile (PCP)
* Individual Education Plan (IEP)
* Individual Behaviour Plan (IBP)
* Pastoral Support Plan (PSP)
* Provision Map
* Health Care Plan
* Sensory Plan
* Common Assessment Form (CAF)
* Team Around the Child (TAC)
* Social Communication Intervention Plan (SCIP)
 |  |
| C | Behaviour Assessment Reports, e.g. SDP, EYFS |  |
| D | Personal Education Plan (PEP) Looked After Child |  |
| E | Risk Assessment (physical/Medical needs) |  |
| F | Specialist Advice:* Educational Psychology
* Physical and medical Needs
* Sensory
* Autism Social Communication Team
* Early Years/School Readiness
* Specialist Outreach Teachers, e.g. Gilbrook, SENATT, Orrets, Kilgarth, Other
* Speech and Language Service
* Social Care
* Physiotherapy
* Occupational Therapy
 |  |
| G | Medical Information  |  |