**CHILDREN & FAMILIES ACT 2014**

**ANNUAL REVIEW OF EDUCATION HEALTH CARE PLAN**



Photograph of child

(Optional)

**Date of Meeting:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Date of current EHCP:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Essential Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of child/young person:** |  | | | |
| **D.O.B.** |  | **Year Group:** | |  |
| **Address:** |  | | | |
| **Telephone Number:** |  | | | |
| **Home Language:** |  | | | |
| **Religion:** |  | | | |
| **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 A – Views and Aspirations, only record significant changes below**

|  |
| --- |
| **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 communicate with me** |
|  |

**Aspirations**

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

**Section B- Special Educational Needs**

**Does the Plan continue to describe the child/young person’s needs accurately? Schools should make changes to school based plans in response to changing needs.**

**The LA should be informed if there are any significant changes below.**

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**If this is a TRANSFER REVIEW, please provide an update on the skills and needs of the child/young person in the four areas of the SEN Code of Practice (2014) in the table below:**

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

|  |
| --- |
| **Basic Skills Achievements** |
| **Early Years Foundation Stage Profile data (Good Level of Development) *this may include comparative profile between CYP and average profile (simple comparative graph very useful)*** |
| **Primary**  **P Scales/NC Levels (for past history) and or Age Related Scores (ARS)**  ***Make sure that ARS can be easily interpreted*** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | 1 year ago | | Current | | |  | Yr Group | P/NC/ARS | Yr Group | P/ARS | | Reading |  |  |  |  | | Writing |  |  |  |  | | Number |  |  |  |  | | Science |  |  |  |  | |
| **Secondary**  **P Scales /NC Levels (for past history) and or Age Related Scores (ARS)**  ***Make sure that ARS can be easily interpreted*** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | 1 year ago | | Current | | |  | Yr Group | P/NC/ARS | Yr Group | P/ARS | | English |  |  |  |  | | Maths |  |  |  |  | | Science |  |  |  |  | |
| **Include here any narrative on the scores that you want to highlight** |

**Review of Progress towards Objectives/EHCP Outcomes**

|  |  |  |  |
| --- | --- | --- | --- |
| Area of Need | Objectives/EHCP Outcomes | Schools 1 year outcome | Success CYP has made towards achieving these |
| Cognition and Learning | 1  2  3  4 | 1  2  3  4 | 1  2  3  4 |
| Communication and Interaction | 1  2  3  4 | 1  2  3  4 | 1  2  3  4 |
| Social, Emotional and Mental Health | 1  2  3  4 | 1  2  3  4 | 1  2  3  4 |
| Sensory and Physical | 1  2  3  4 | 1  2  3  4 | 1  2  3  4 |
| Health | 1  2  3  4 | 1  2  3  4 | 1  2  3  4 |
| Social Care | 1  2  3  4 | 1  2  3  4 | 1  2  3  4 |

**Do any of the objectives/EHCP outcomes need to be amended? If so, please detail suggested changes below:**

|  |  |  |
| --- | --- | --- |
| Area of Need | Current Objectives/EHCP Outcomes | Proposed Objectives/EHCP Outcomes |
| Cognition and Learning | 1  2  3  4 | 1  2  3  4 |
| Communication and Interaction | 1  2  3  4 | 1  2  3  4 |
| Social, Emotional and Mental Health | 1  2  3  4 | 1  2  3  4 |
| Sensory and Physical | 1  2  3  4 | 1  2  3  4 |
| Health | 1  2  3  4 | 1  2  3  4 |
| Social Care | 1  2  3  4 | 1  2  3  4 |

**SECTION F: Educational Provision including that delivered through a personal budget**

1. **Does the current provision remain relevant to the needs of the child/young person and does it continue to be effective in ensuring that they are making the best possible progress towards their outcomes?**

**Yes**

**No**

1. **If not, what could be done differently to help the child/ young person to make progress?**

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| --- |
|  |

**SECTION G: Health Provision including that delivered through a personal budget**

1. **Has the current provision enabled the child/young person to achieve good progress towards their outcomes?**

**Yes**

**No**

1. **If not, what could be done differently to help the child/ young person to make progress?**

|  |
| --- |
|  |

**SECTION H: Social Care Provision including that delivered through a personal budget**

1. **Has the current provision enabled the child/young person to achieve good possible progress towards their outcomes?**

**Yes**

**No**

1. **If not, what could be done differently to help the child/ young person to make progress?**

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| --- |
|  |

**Summary of Annual Review Recommendations**

**In light of the child/young person’s progress, is it appropriate to:**

1. **Continue the EHC plan without changes**
2. **Amend the provision as specified in the EHC plan**
3. **Cease the EHC plan**

**If the child or young person is due to move between key phases of education, please comment upon likely needs to allow for planning for and where necessary commissioning of support and provision at their new setting.**

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

Please return completed form electronically to your designated EHCP Co-ordinator 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.

|  |  |
| --- | --- |
| **REVIEW SCHEDULE** | |
| Early Years | March |
| Foundation 2 | June |
| Year 1 | June |
| Year 2 | February |
| Year 3 | February |
| Year 4 | July |
| Year 5 | May |
| Year 6 | July |