# **Annual Review of Education, Health and Care Plan**

**Template for the Annual Review meeting**

# **For children in Nursery to Year 6**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of school |  | | |
| Pupil’s name |  | | |
| Year Group |  | N/C Year Group educated |  |
| Date of Annual Review meeting | Click or tap to enter a date | | |

**Either complete any amendments on this page or on the front page of the EHCP.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date of Birth | Click or tap to enter a date |  | | |  | |
| Address |  | | | | | |
| Parental Responsibility (Name) |  | Relationship to Child | | |  | |
| Telephone Number |  | | | | | |
| Email Address |  | | | | | |
| Religion |  | NHS Number | | |  | |
| First Language |  |  | | |  | |
| Ethnicity |  |  |  |  | |  |
| My (Parent/ Carer) Name is |  | Social Care Status | | |  | |
| I Live With | Please Select | If Other Please Specify | | |  | |

**Type of Annual Review**

Scheduled Review  Early Review

Transition Review Updated Plan Following Tribunal

**Primary category of need (Taken from SEND Code of Practice)**

Cognition & Learning  Social Emotional and Mental Health

Communication & Interaction  Sensory and Physical

**Primary need (Taken from School Census)**

Autism Spectrum Disorder  Hearing Impairment

Moderate Learning Difficulty  Multi-sensory Impairment

Other difficulty / disability  Physical Disability

Profound and Multiple Learning Difficulty

Severe Learning Disability

Social Emotional and Mental Health  Specific Learning Difficulty

Speech, Language or Communication Difficulty  Visual Impairment

**Conclusion of this review (please tick ONE)**

1. **Keep** the plan as it is.
2. The outcomes have been achieved so it is recommended that the LA should **cease to maintain** the EHCP.

Reason for cease to maintain:

………………………………………………………………………………………………

1. **Amendments are recommended** (please see annotated EHCP).

Other additional information:

* Parent/carers would like consideration for a different type of educational setting.

Name of school……….………………………………………………………………

School cannot meet need.

Special school previously agreed

Other reason for amending – please state: …………………………………….

1. It is recommended that the LA carry out a **new statutory re-assessment** of the pupil’s needs due to significant changes.

1. Updated **transport risk assessment** required.

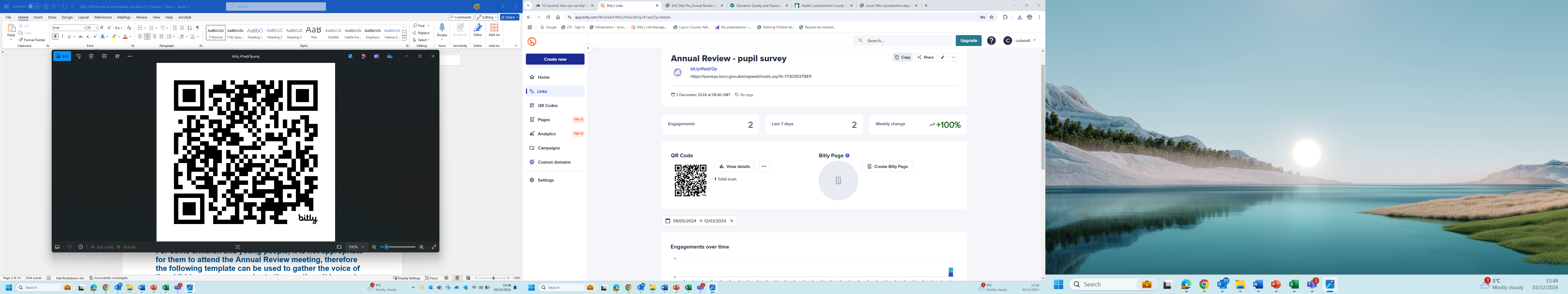
|  |  |
| --- | --- |
| **Signed by Head Teacher, SENDCo or other educational professional from the school:** | |
| **Name (Printed):** | **Date:** |
| **Role:** | |

Please indicate the person who hosted the review meeting:

|  |  |
| --- | --- |
| Name: (Printed) |  |
| Role in School: |  |

### **Work prior to the Annual Review**

Survey to be carried out with child or young person before the Annual Review meeting

[**https://bit.ly/41aqV2p**](https://bit.ly/41aqV2p)

Questions within the survey:

1. What type of school do you go to?

* Primary school
* Secondary school
* Special school
* Other

1. What does the support you have at school help you to do?

Free text

1. How often, if at all, do you feel that you are getting the right support to help you at school?

All of the time Most of the time Some of the time Not very often Never Don’t know

1. Is there anything else you would like to say about the support you have at school?

Free text.

This response was provided by the:

* Me – the child or young person
* A representative on behalf of the child or young person

N.B. This information is being used as part of the Accelerated Progress Plan and reporting on the SEND & Inclusion Strategy.

**During the Annual Review meeting**

**Who attended the meeting?**

|  |  |  |
| --- | --- | --- |
| Name | ROLE  (Educational Psychologist,  Therapist, Child/Young Person,parent) | Attended Yes / No |
|  | Child or Young person | Yes/No. |
|  | Parent/carer | Yes/No. |
|  | Setting, school, college representative | Yes/No. |
|  |  | Yes/No. |
|  | Education representative (include tutors) | Yes/No. |
|  |  | Yes/No. |
|  | Health service representative | Yes/No. |
|  | Local authority social care representative, e.g. Family Help – SEND Family Support Worker, Keyworker; Children’s Social Worker, Young Adult Disability Social Worker; Adult Social Worker | Yes/No. |
|  | Local authority SEN officer | Yes/No. |
|  | Privately sourced provision | Yes/No. |
|  |  | Yes/No. |

If the child or young person contributed through alternative means, please include the method used:

If the child/young person did not attend or contribute to the review, please provide reasons why and what support has been provided to ensure their views have been gathered and included:

### **Recording the conversation**

Please note the key points discussed during the discussion in the note section.

Taken from the SEND Code of Practice:

9.177 The meeting **must** focus on the child or young person’s progress towards achieving the outcomes specified in the EHC plan, and on what changes might need to be made to the support provided to help them achieve those outcomes, or whether changes are needed to the outcomes themselves.

Taken from the SEN Regulations:

20. (7) Where the child or young person attends a school referred to in paragraph (12), the local authority must ask the head teacher or principal of the school to prepare a written report on the child or young person, setting out that person’s recommendations on any amendments to be made to the EHC plan, and referring to any difference between those recommendations and recommendations of others attending the meeting.

Completing the conclusion of the Annual Review meeting and relevant notes sections in this document meets this requirement.

Also consider:

* Preparation for Adulthood (or the future)
* Aspirations – what I would like to achieve?

**Section A - If a One Page Profile (both for child and parent/carer) has been completed, please attach with the Annual Review documentation for inclusion within the EHCP.**

### **Capturing the voice of the child (the thread that runs through the EHCP)**

|  |
| --- |
| **This is what I want for my future:** |
|  |
| **This is how I would like to be supported** |
|  |

### **Capturing the Voice of Parent/carers:**

|  |
| --- |
| **This is what my parent/carers aspirations are for me in the future:** |
|  |
| **This is how my parent/carers will support me** |
|  |

**Health and Social Care sections – optional depending upon current involvement**

|  |
| --- |
| Notes on the discussion for sections: C & G, D & H1/H2 (health and care sections)  Record:   * Where there is agreement * Where there is disagreement * Where the disagreement has been resolved * Where the disagreement has not been resolved   Amendments can be included here or on the EHCP. |

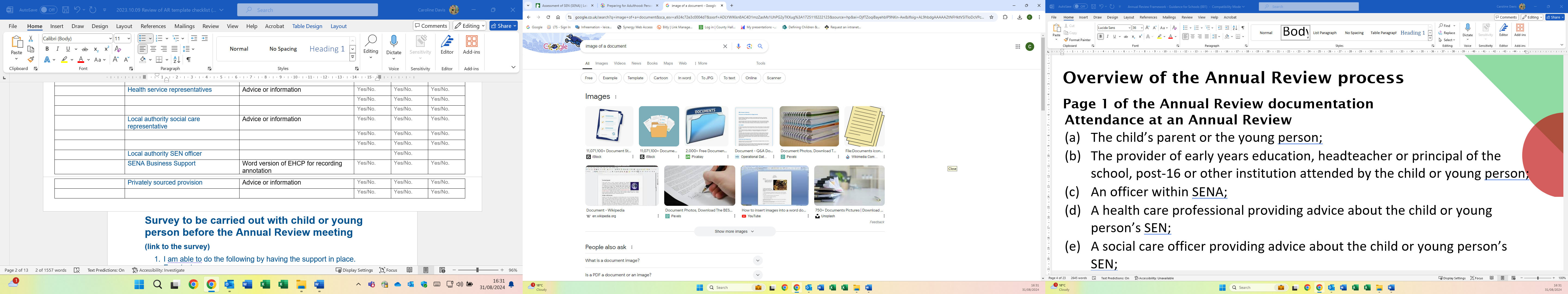
**Optional for B and F – dependent on new needs and provision noted**

|  |
| --- |
| Notes on needs and provision (Consider any new needs / provision required to meet outcomes)  It is helpful to record:   * Where there is agreement * Where there is disagreement * Where the disagreement has been resolved * Where the disagreement has not been resolved   Amendments can be included here or on the EHCP. |

**Section E**

|  |  |  |
| --- | --- | --- |
| Section E:  Cognition and Learning | | |
| Outcomes in EHCP | Progress made against the outcome | Outcome remains appropriate or Proposed New Outcome |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| New outcome required? | | |
|  |  |  |
|  |  |  |
| Summary of achievement of outcomes | | |
| Achieved  Partly achieved  None achieved | | |
| Section E:  Communication and Interaction | | |
| Outcomes in EHCP | Progress made against the outcome | Outcome remains appropriate or Proposed New Outcome |
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|  |  |  |
|  |  |  |
| New outcome required? | | |
|  |  |  |
|  |  |  |
| Summary of achievement of outcomes | | |
| Achieved  Partly achieved  None achieved | | |
| Section E:  Social, Emotional and Mental Health | | |
| Outcomes in EHCP | Progress made against the outcome | Outcome remains appropriate or Proposed New Outcome |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| New outcome required? | | |
|  |  |  |
|  |  |  |
| Summary of achievement of outcomes | | |
| Achieved  Partly achieved  None achieved | | |
| Section E:  Sensory and Physical | | |
| Outcomes in EHCP | Progress made against the outcome | Outcome remains appropriate or Proposed New Outcome |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| New outcome required? | | |
|  |  |  |
|  |  |  |
| Summary of achievement of outcomes | | |
| Achieved  Partly achieved  None achieved | | |

**Optional to ask the question - but young people and parents of children who have EHC plans have the right to request a Personal Budget**

****Refer to Annual Review guidance document – page 19

|  |  |
| --- | --- |
| **Section J – notes**  A personal budget (or a direct payment) that links any funding provided with specific outcomes of the EHC plan. This can either be from:   * Education * Health * Social care (likely to be a direct payment) | |
| Has a personal budget been discussed? | Yes/No. |
| Request information for a personal budget   * Education * Health * Care | Yes/No.  Yes/No.  Yes/No. |

Further information on Personal Budgets:

* Education: contact SENA
* Health: [Children’s Continuing Care](https://www.leicestershire.gov.uk/education-and-children/special-educational-needs-and-disability/health/accessing-nhs-continuing-healthcare)
* Social care: [Short Breaks](https://www.leicestershire.gov.uk/education-and-children/special-educational-needs-and-disability/information-and-support/activities-and-groups/short-breaks-for-disabled-children/what-are-short-breaks)

### **Annotating the EHCP - guidance for changes to the EHCP**

**Please note: All edits must be on the word document of the EHCP. If you only have a PDF version, please contact SENA for them to reissue as a word document. Handwritten edits will not be accepted moving forward.**

At Annual Review, any amendments to the EHCP should be annotated as follows:

Any proposed deletions **MUST** be shown by ~~strikethrough~~

Any proposed additions to the EHCP/Statement **MUST** be shown in **Bold**

**EXAMPLE**

Mary uses her voice all the time when she is communicating. She uses signs to communicate at home ~~and will imitate what she hears when language is simplified and directed to her~~. Mary will switch between sign and spoken language according to who she is communicating with. **Mary is a natural communicator. She is always keen to share her news and is confident in her ability to do so. She will happily talk to people throughout the school and will repeat what she has said to ensure understanding. Mary can have conversations now and will ask questions to probe for more information.**

~~Mary is now joining signs together and is able to tell you simple things that have happened~~. **Mary is constantly learning new signs and is observant of hand shape and position. She enjoys singing which helps bring a flow and fluency to her signing. Mary will now place time markers in her signing when retelling events and she understands and can use prepositions in sign.** Her signed vocabulary is quickly expanding and she is visually very alert. ~~She has some recognisable spoken words to a familiar listener and lots of speech like vocalisation. She can follow simple verbal and familiar instructions when in context. Mary is a natural communicator and is keen to get her message across~~

N.B. Amendments are not to be made on the hours or the funding.

**Advice on reviewing an EHCP that has not been amended**

Consider the amendments to the EHCP made in the previous year/s during the discussion. However, add amendments onto the current Word version of the EHCP (the last issued final EHCP). This will make it easier for Case Managers to consider the requested amendments.

Colour can be used to highlight each year’s amendments.

**What happens next**

This report, together with other documents that are editable, e.g. in Word rather than a pdf or scanned, should be sent by secure electronic transfer (AnyComms+) to the SEN Assessment Service as soon as possible (within 2 weeks – SEN Code of Practice 9.176).

It is useful to ensure that documents are clearly titled as to what they are and include the date of the Annual Review and pupil name, e.g. 8551234 Sam Thompson Annual Review Report; 8551234 Sam Thompson AR Pupils Views

Following receipt of this Annual Review documentation, the SEN Assessment Service will consider the amendments and recommendations.

**To ensure the correct documentation is provided to SENA, please complete this checklist:**

|  |  |
| --- | --- |
| **Have you attached the following with your submission to SENA?** | |
| The annual review meeting notes (this template) – to be completed | Yes |
| **Advice and information sent out before the meeting:** | |
| Child or Young person voice (attach One Page Profile if completed) | YesNo |
| Parent/carer voice (attach One Page Profile if completed) | YesNo |
| **From Educational setting (setting, school, college)** | |
| Cost of provision map - required | Yes |
| Record of Attendance - required | Yes |
| Evidence of attainment and or progress made over the last 12 months (unless an early review) - required | Yes |
| Individual Health Care Plan (if appropriate) | YesN/A |
| Annotated EHCP – Word document (required) | Yes |
| Other appropriate school advice / report (include tutors) (If appropriate) | YesN/A |
| Health service advice / report (If appropriate) | YesN/A |
| Local authority social care advice / report (If appropriate) | YesN/A |
| Privately sourced provision reports (If appropriate) | YesN/A |
| **Final sign-off of documentation** |  |
| Annual Review documentation signed by Headteacher, SENDCo or other educational professional (will also accept photo signature pasted onto document, electronic signature but not a typed name) (Required) | Yes |