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**Report following the Annual Review of the Education, Health and Care Plan**

**(EHC Plan)**

*THIS FORM HAS BEEN DESIGNED TO ASSIST IN CONDUCTING THE ANNUAL REVIEW AND IS INTENDED TO BE USED AS AN AGENDA FOR THE MEETING ITSELF*

This form is to be used in annual reviews for pupils with an EHC Plan

The purpose of the annual review is to review the EHC Plan. The annual review meeting contributes to the process of reviewing the pupil’s needs. The meeting should focus on whether the information collected about the pupil as part of the review indicates the EHC plan itself remains appropriate.

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| --- | --- | --- | --- | --- |
| **Name of child/young person:** |  | | **Date of birth:** | |
| **Name of setting:** |  | | **School year group:** | **Out of year group?** |
| **Date of admission:** |  | **Date of review meeting:** |  | |

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| **IMPORTANT INFORMATION**  This report must be sent to the local authority within ten working days of the EHC Plan review meeting.  Please note that this report makes recommendations from the meeting. Within four weeks of the review meeting and following receipt of the report, the local authority must let parents, the child/young person and the setting know if it is proposing to keep the EHC plan as it is, amend the EHC plan or cease to maintain the EHC plan. |

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| **FOR OFFICE USE ONLY (SEN TEAM)** | | | |
| DATE RECEIVED FROM SCHOOL: |  | DATE LOGGED BY SUPPORT OFFICER: |  |
| DOCUMENTS RECEIVED FROM SCHOOL WITHIN STATUTORY 10 WORKING DAYS: | | **YES** | **NO** |
| DATE RECOMMENDATION TO BE ISSUED BY: | |  | |

**Personal Details**

Please highlight any changes to personal details on the current EHC Plan

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| --- | --- | --- | --- |
| **Details of Child or Young Person** | | | |
| **Surname:** |  | **Other names:** |  |
| **Date of birth:** |  | **Gender:** |  |
| **Ethnic origin:** |  | **Home language(s):** |  |
| **UPN:** |  | **Religion:** |  |
| **Home Address:** |  | | |

Are there any changes to the parental responsibility/legal status/family situation since the last EHC Plan?

Yes ( (If yes please detail below)

No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Details of ALL parent(s)/guardian(s) with Parental Responsibility** | | | | |
| **Name:** |  | | **Relationship to child/young person:** |  |
| **Home telephone:** | |  | | |
| **Work telephone:** | |  | | |
| **Email address:** | |  | | |
| **Home Address:** |  | | | |

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| --- | --- | --- | --- | --- |
| **Name:** |  | | **Relationship to child/young person:** |  |
| **Home telephone:** | |  | | |
| **Work telephone:** | |  | | |
| **Email address:** | |  | | |
| **Home Address:** |  | | | |

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| **Additional information:** |

**Please list everyone who has contributed to this EHC Plan at the Annual Review Meeting**

*Those involved/invited to this review meeting (please print name and tick box)*

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| **Name** | **Role** | **Attended review** | **Submitted report** |
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**Section A – All about (child name)**

*This should be written in conjunction with the child/young person/parents and the professionals listed above and written using person centred assessment planning. The views reflected here must include the child/young person’s views and those of the adults who support them*

**Please describe below any significant updates to this section:**

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**Section B – Identified Needs**

*Please describe any significant new needs that have been identified within the advices provided during the Annual Review of the Education, Health and Care Plan in the following areas:*

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| --- | --- |
| **Cognition and learning** | **Progress:** |
| **Delete/Add:** |
| **Communication and interaction** | **Progress:** |
| **Delete/Add:** |
| **Social and emotional wellbeing** | **Progress:** |
| **Delete/Add:** |
| **Sensory and/or physical needs** | **Progress:** |
| **Delete/Add:** |
| **Self-help and independence** | **Progress:** |
| **Delete/Add:** |
| **Other (if relevant)** | **Progress:** |
| **Delete/Add:** |

**Academic Progress Record**

*Please evidence progress over time, detailing assessments used by settings (attach if necessary)*

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| **Subject** | **R** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** |
| English |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Maths |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Science |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Any other tests results i.e. reading and spelling age |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** |
| English |  |  |  |  |  |  |  |  |
| Maths |  |  |  |  |  |  |  |  |
| Science |  |  |  |  |  |  |  |  |
| Any other tests results i.e. reading and spelling age |  |  |  |  |  |  |  |  |

**Section C – Health Needs**

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| *Please describe any health needs that have changed or developed since the last Education, Health and Care Plan as identified from advice/reports received from health professionals e.g. Paediatrician, Occupational Therapist, Speech and Language Therapist, Physiotherapist, CAMHS* |

**Section D – Social Care Needs**

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| *Please describe any social care needs that have changed or developed since the last Education, Health and Care Plan as identified by social care professionals* |

**Section E – Aims/Needs and Outcomes**

***Are there any recommended changes to aims/needs and outcomes since the last Education, Health and Care Plan to be considered?***

***For students in Year 9 and onwards aims, needs and outcomes will need to reflect the need to ensure young people are preparing for adulthood.***

*(Aim – medium term objective. What skills / area are we working on?)*

*(Outcome – practical, specific, measurable, attainable, realistic target)*

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| --- | --- |
| **Aim/Need 1** | **Add (i.e. new)** |
| **Delete** |
| **Outcome 1** | **Add (i.e. new)** |
| **Delete** |

|  |  |
| --- | --- |
| **Aim/Need 2** | **Add (i.e. new)** |
| **Delete** |
| **Outcome 2** | **Add (i.e. new)** |
| **Delete** |

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| --- | --- |
| **Aim/Need 3** | **Add (i.e. new)** |
| **Delete** |
| **Outcome 3** | **Add (i.e. new)** |
| **Delete** |

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| **Aim/Need 4** | **Add (i.e. new)** |
| **Delete** |
| **Outcome 4** | **Add (i.e. new)** |
| **Delete** |

**Section F – Education Provision**

***Review of provision to achieve outcomes***

***For students in Year 9 and onwards the EHC Plan must specify the educational provision required to meet each of the young person’s special educational needs when preparing for adulthood.***

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| **Aim/Need and Outcome 1** | Provisions to add: |
| Provisions to alter: |
| Provisions to delete: |
| **Aim/Need and Outcome 2** | Provisions to add: |
| Provisions to alter: |
| Provisions to delete: |
| **Aim/Need and Outcome 3** | Provisions to add: |
| Provisions to alter: |
| Provisions to delete: |
| **Aim/Need and Outcome 4** | Provisions to add: |
| Provisions to alter: |
| Provisions to delete: |

**Section G – Health Provision**

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| *Are there any changes to health provision as identified by health professionals e.g. paediatrician, speech and language therapist, occupational therapist? YES/NO*  *(Please note any changes requested without reports submitted as evidence will not be made)*  *If yes, please detail changes below and attach professional reports as evidence:* |

**Sections H1 and H2 – Social Care Provision**

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| *Are there any changes to social care provision as identified by social care professionals? YES/NO*  *If yes, please detail changes below:* |

**Section I – Name and Type of Setting**

**Please note that it is not the purpose of the review meeting to agree or recommend new placements. Where a SENCo anticipates that placement will be discussed at the meeting, they must invite a member of the SEN team to the meeting and make parents aware that the request will be considered against local authority guidance regarding placement procedures.**

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| *Is the correct setting named? YES/NO*  *If no, please indicate change requested below:*  **Is the child likely to change/leave school in the next 12 months for any of the reasons below?**   * **secondary transfer**      * **other phase transfer** * **child moving to another Local Authority** * **child leaving school to attend further education/employment/training** * **other** (please state reason below)   **If a child is in the penultimate year before transfer (e.g. Year 5 secondary transfer or Year 10 for phase transfer), please state which setting, if any, has been identified by parents:**  **Name of Setting:** |

|  |  |
| --- | --- |
| *Is the child/young person currently in receipt of home to school transport?* | ***YES/NO*** |
|  |
| *Are there any changes to the child/young person’s transport requirements? (If yes, please attach evidence as set out in the transport policy)* | ***YES/NO*** |
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**Consideration and consultation for ceasing to maintain the Education, Health and Care Plan (Code of Practice 9.119 – 9.210)**

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| ***Should the EHCP cease to be maintained?***  ***Please state reasons:*** | ***YES/NO*** |
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| ***Were all parties in agreement?***  ***If no, please state reasons:*** | ***YES/NO*** |
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**Section J – Education, Health and Care Plan Resource Sheet**

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| ***Are there any requests for changes in resources and funding? If yes, please detail below:*** *(any requests must be supported by triangulated evidence from the setting and external professionals which should be attached)* | ***YES/NO*** |
|  |
| ***Are there any requests for further information regarding personal budgets? If yes, please provide details of the request below:*** | ***YES/NO*** |
|  |

**Actions to be undertaken following the Annual Review**

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| **Actions to be undertaken by the family:** |  | |
| **Actions to be undertaken by the school/setting:** |  | |
| **Actions to be undertaken by Education:** |  | |
| **Actions to be undertaken by Health:** |  | |
| **Actions to be undertaken by Social Care:** |  | |
| **Actions to be undertaken by any other professional:** |  | |
| **Are all parties in agreement with the contents of this annual review report?** | | |
| **Yes** | | **No (please state reasons)** |

|  |  |
| --- | --- |
| **Name of Head Teacher:** |  |
| **Signature:** |  |
| **Date:** |  |

*Please note all other reports which formed part of the annual review must accompany this form. A copy must be sent to everyone invited to the review,* ***within ten working days of the Annual Review in accordance with the Code of Practice.*** *In order to maintain the accuracy of funding for pupils with Education, Health and Care Plans it is imperative that you return your Annual Review Documentation within timescales to the relevant SEN Team:*

[Annualreviewseast@hertfordshire.gov.uk](mailto:Annualreviewseast@hertfordshire.gov.uk)

[Annualreviewswest@hertfordshire.gov.uk](file:///\\hertscc.gov.uk\home\STEVENAGE\USERS\Mim%20Kendrick\STAR%20TEAM\Service%20rollout%20comms\Annualreviewswest@hertfordshire.gov.uk)

These email addresses are monitored by the annual review teams for the East and West. This email address should be used for queries relating to EHCP reviews including communication about arranging a review, sending review paperwork, and responses to draft EHCPs.

**If returning the form via post, please send to the relevant area team:**

**North Herts & Stevenage SEND Team**

*Covering: Hitchin, Baldock, Letchworth, Royston,Stevenage*

(Post Point SFAR120), 1st Floor, Farnham House, Six Hills Way, Stevenage, Herts, SG1 2FQ

## East Herts, Broxbourne & Welwyn Hatfield SEND Team

*Covering: Hertford, Ware, Watton, Cheshunt, Bishop’s Stortford, Hoddesdon, Broxbourne,*

*Buntingford, Welwyn Hatfield*

(Post Point CHN006), Area Office, County Hall, Hertford, Herts, SG13 8DF

## St Albans & Dacorum SEND Team

*Covering: Harpenden, Hemel Hempstead, Tring, Berkhamsted, St Albans, Kings Langley* (Post Point AP1108), Apsley Two, Brindley Way, Apsley, Hemel Hempstead, Herts, HP3 9BF

## Watford, Three Rivers & Hertsmere SEND Team

*Covering: Bushey, Radlett, Watford, Three Rivers, Hertsmere*

(Post Point AP2113), Apsley Two, Brindley Way, Apsley, Hemel Hempstead, Herts, HP3 9BF