



ANNUAL REVIEW OF EDUCATION HEALTH AND CARE PLAN

Name of Learner:

	The following documents MUST be included along with this form:	Included (please tick)
1	A Parent/Carer view form (or written comments)	
2	A Learner view form (or views recorded in another way)	
3	A copy of all of the written advice received which has contributed to the Annual Review	
4	A copy of all relevant school information/documentation eg SEN Support Plan	
5	The correctly annotated/amended EHC Plan	

SECTION 1 Review Recommendations	
Selecting 1-4 will require the amended EHCP being discussed at SEND Commissioning Panel once paperwork has been submitted	
RECOMMENDATIONS	
1. Request for change of placement (not including natural phase change to appropriate mainstream school)	<input type="checkbox"/>
2. Request for increase in funding	<input type="checkbox"/>
3. Significant amendments to EHC Plan	<input type="checkbox"/>
4. Ceasing of EHC Plan (where parties do not all agree)	<input type="checkbox"/>
5. Minor amendments to EHC Plan	<input type="checkbox"/>
6. No amendments to EHC Plan	<input type="checkbox"/>
7. Decrease in funding (Plan to continue)	<input type="checkbox"/>
8. Ceasing of Plan (All parties agree)	<input type="checkbox"/>

Date of review		Date of last review	
Phase Change review	Yes/No	Transition Review (year 9+)	Yes/No
If it is a <u>phase change</u> review please indicate parental preference of future school		School:	

SECTION 2 Child/Young Person Details			
Family Name		Forename	
Date of Birth		NC Year Group	
Educational Setting (on roll)			
Is the learner currently excluded from school?	Yes/No	Are they with an Alternative Provider? If so which one?	Yes/No Name
Home Address inc postcode			

Section 3 Parent/Carer Details	
Parent/Carer (1)	
Name	
Address (if different to the learner)	
Contact telephone numbers	
Contact email address	
Relationship to child/young person	
Parental responsibility	Yes/No
Parent's first language	
Parent/Carer (2)	
Name	
Address (if different to the learner)	
Contact Telephone numbers	
Contact email address	
Relationship to child/young person	
Parental responsibility	Yes/No
Parent's first language	

Is the child/young person Looked After (LAC)	Yes/No
If yes, please state responsible local authority and named Social Worker	

Please specify who of the above should receive correspondence:

- Parent 1:
- Parent 2:
- Both:
- Social Worker (if applicable):

SECTION 4 Evidence of Progress towards EHCP Outcomes			
Please complete the table below to indicate progress towards the LONG TERM OUTCOMES on the EHC Plan. If the learner has met the target indicate in green, if they are making progress towards the outcome indicate in amber/orange and if they have made no progress towards the outcome please indicate in red			
Long Term Outcomes to be achieved <u>by the end of the key stage</u>	Progress towards Outcome		
	No Progress	Working towards	Met

PLEASE ENSURE YOU ALSO SEND A COMPLETED SEN SUPPORT PLAN TO INDICATE PROGRESS MADE TOWARDS THE SHORT TERM OUTCOMES.

**SECTION 5
Academic Progress**

Please comment on the progress made over the time since the last Annual Review. Please be clear about how this is measured within the assessment systems in use at your school/setting.

Subject or assessment measure	Attainment target set (end of current academic year)	Current Attainment
Eg. Age Related Expectations of Year 5 curriculum PIVATS	Year 5 Developing	Year 4 Emerging

SECTION 6

Contributors to the Annual Review

Child/young person, parent/carer, SENCO, relevant school staff, Social Care representative, Health Professionals etc. (Invitations should be sent to EVERYONE who is involved with the child/young/person. Please list the names and roles of EVERYONE INVITED to the meeting. If the learner is to transition to another mainstream school within the next year, the receiving school SENCo should be invited to attend this meeting.)

Name	Role	Invited to review meeting?	Provided written advice?	Attended the review meeting?
		Yes/No	Yes/No	Yes/No
		Yes/No	Yes/No	Yes/No
		Yes/No	Yes/No	Yes/No
		Yes/No	Yes/No	Yes/No
		Yes/No	Yes/No	Yes/No
		Yes/No	Yes/No	Yes/No
		Yes/No	Yes/No	Yes/No
		Yes/No	Yes/No	Yes/No
		Yes/No	Yes/No	Yes/No

PLEASE NOTE:

ANY WRITTEN ADVICE THAT HAS BEEN PROVIDED MUST BE SENT IN WITH THE REVIEW DOCUMENTATION AS IT WILL BE ADDED TO THE EHC PLAN WITHIN THE APPENDICES

SECTION 7

Summary of Annual Review discussion

Please summarise any views of the parent/carer and learner first that are additional to those included in their view forms.

Anything the parent/carer or learner adds to the review discussion that they have not shared in their written comments should be added here first.

Also include as much detail as possible about the discussion held, especially points relevant to the review of **all sections** of the EHC Plan.

Holistic information about the learner, not just academic progress, should be included. This could include information about their health and social needs, even if they do not have formal social care involvement. So, what do they like doing outside school, how are their social skills out in the community?

If you are requesting an increase in funding or a change of placement please explain:

a) why this is required?

b) who is requesting it?

c) is there evidence to support the request?

SECTION 8
Summary of key action points from the Annual Review meeting

What needs to be done/followed up in order to ensure the learner is able to make further progress over the next year?

Who is responsible for doing this?

Are there any significant issues to be addressed?

PLEASE NOTE:

If there are any recommendations to amend the the EHC Plan, a copy of the plan with clear annotations must be included with the Review documentation. Anything that needs removing from the plan should be indicated using ~~Strikethrough~~ and anything new/changed that is to be included in the plan should be typed in **bold**.

If a formal diagnosis has been received from a health professional since the last Annual Review please give details here and submit any relevant documentation:

SECTION 9
Social Care
(if applicable)

Where there is formal social care involvement please indicate here what it is and what form it takes.
E.g.

X is known to the Disabled Children Team and his family receive 4 hours per week of respite care.

Y became subject to a Child Protection Plan in February 2018 due to a safeguarding concern at home.

Please include details of any changes in terms of social care involvement over the past year, and the reasons for these changes.

SECTION 10
Travel Arrangements

Local Authority Provided	Yes	No	Unknown
Concessionary	Yes	No	Unknown
Parents	Yes	No	Unknown
Independent Travel	Yes	No	Unknown

SECTION 11

Preparation for Adulthood - YEAR 9 ONWARDS

Please include some information/detail about what would be appropriate to consider within the outcomes for this section of the EHC Plan.

	Employment	Friends, Relationships and Community	Independent Living	Good Health
Outcome(s)	Active participation in the school/setting careers advisory programme.	Management of social media and other technology.	Preparation of own snacks and small meals.	Get a good night's sleep, switch off screens in order to do so.
Potential Provision	Access to age related careers curriculum.	Participation in PSHE programme in school to support appropriate use of social media and technology along with support and guidance from parents/carers and family	Participation in PSHE and lifeskills work in school along with support and guidance from parents/carers and family	Participation in PSHE programme in school to support healthy living alongside appropriate boundaries and guidance at home.

The following website has a useful toolkit to help you think about outcomes related to PfA in advance of the meeting, to help completion of Section 12.

[Click Here](#) or follow this address:

<https://www.preparingforadulthood.org.uk/downloads/education-health-and-care-planning/pfa-outcomes-tool.htm>

SECTION 12 Declaration

This document should be signed by the school/setting representative attending the meeting (SENCo) or the Headteacher. It **MUST be returned to the SEND Team at the Local Authority within two weeks of the Annual Review Meeting date.**

NAME:

DATE:

SIGNATURE:

POSITION:

Additional Guidance:

The EHC Plan should be amended electronically and emailed **securely** to sen@northumberland.gov.uk

It is best practice to scan the other paperwork into one document and email alongside the EHC Plan to the same address. If you are unable to do so, please indicate this in the email with the EHC Plan attached and submit the paperwork **securely** via the courier or **securely** by post.