**ANNUAL REVIEW OF EDUCATION HEALTH AND CARE PLAN**

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| **Name of Learner:** |

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|  | **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 |  |

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| **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) | **☐** |
| **2. Request for increase in funding** | **☐** |
| **3. Significant amendments to EHC Plan** | **☐** |
| **4. Ceasing of EHC Plan** (where parties do not all agree) | **☐** |
| **5. Minor amendments to EHC Plan** | **☐** |
| **6. No amendments to EHC Plan** | **☐** |
| **7. Decrease in funding** (Plan to continue) | **☐** |
| **8. Ceasing of Plan** (All parties agree) | **☐** |

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

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| **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** |  | | |

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| **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** |  |

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| **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)**: ☐**

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| **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 by the end of the key stage** | **Progress towards Outcome** | | |
| **No Progress** | **Working towards** | **Met** |
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**PLEASE ENSURE YOU ALSO SEND A COMPLETED SEN SUPPORT PLAN TO INDICATE PROGRESS MADE TOWARDS THE SHORT TERM OUTCOMES.**

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| **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** |
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| **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**

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| **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. |
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| If you are requesting an increase in funding or a change of placement please explain:   1. why this is required? 2. who is requesting it?   c) is there evidence to support the request? |
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| **SECTION 8**  **Summary of key action points from the Annual Review meeting** |
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| **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.** |

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| **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:** |

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| **SECTION 9**  **Social Care**  (if applicable) |
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| **SECTION 10**  **Travel Arrangements** | | | |
| **Local Authority Provided** | Yes | No | Unknown |
| **Concessionary** | Yes | No | Unknown |
| **Parents** | Yes | No | Unknown |
| **Independent Travel** | Yes | No | Unknown |

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| **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)**  **Potential Provision** |  |  |  |  |

**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](https://www.preparingforadulthood.org.uk/downloads/education-health-and-care-planning/pfa-outcomes-tool.htm) or follow this address:

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

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| **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](mailto: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.