**ANNUAL REVIEW REPORT of an**

**Education, Health and Care Plan (EHCP)**

**It is important that you have a copy of the latest EHCP to review and to annotate if any amendments are required.** You can refer to Shropshire’s Annual Review Guidance and Chapter 9 of the SEND Code of Practice Sections 9.166 to 9.185 for guidance regarding the annual review process.

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| --- | --- | --- | --- |
| Name of Educational Setting |  | Date of Review |  |

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| --- | --- | --- | --- |
| Name of Child/Young Person |  | Date of Birth |  |
| Address |  | Year Group |  |
| LAC? (Y/N) |  |
| Contact Details  (if young person) | Home:  Mobile:  Email: | | |

|  |  |  |
| --- | --- | --- |
| Name of Parents/Carers |  |  |
| Address (if different from above) |  |  |
| Contact Details | Home:  Mobile:  Email: | Home:  Mobile:  Email: |

**Must be completed**

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| Is the child eligible for any Pupil Premium? (Y/N) |  | If Yes, give details: |  |
| Is the child eligible for Armed Services Pupil Premium? (Y/N) |  | | |

**Must be completed**

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| --- | --- | --- | --- |
| Attendance (%) |  | Exclusions (No of Days) |  |

**ANNUAL REVIEW** of an

Education, Health and Care Plan (EHCP)

**AGENDA**

1. Introductions/Update on professionals involved
2. Child’s/Young Person’s/Parent’s views
3. Educational Attainment & Achievement
4. Review of provision
5. Review of needs
6. Review of outcomes
7. Transition/Moving On Arrangements
8. Additional Comments
9. Personal Budgets/Direct Payments
10. Summary/Setting Recommendation
11. Actions

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| --- | --- | --- | --- | --- |
| **Introductions/update on professionals involved** | | | | |
| Please indicate **all** current professionals/agencies involved with the child/young person | | | | |
| Role | Name | Invited (Y/N) | Present (Y/N) | Report\* (Y/N) |
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*\*Please ensure a copy of each professional report is sent with this form.*



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| Have parents/carers used the [Shropshire SEND Local Offer](http://www.shropshire.gov.uk/the-send-local-offer)? | Yes/No |
| **Child/Young Person/Parent’s Views (Section A of EHCP)** | |
| What is important to me (child/young person views). Please note these questions will help the Local Authority to update section A of the child’s/young person’s EHCP. | |
| What’s important to me  What I want to achieve in my life  People that are important to me (include name and relationship to me)  My interests and what I like to do  My strengths / what I am good at  What I find difficult  How others can help and support me | |

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| What is important to us (parent/carer views). Please note these questions will help the Local Authority to update section A of the child’s/young person’s EHCP. Please note that this section is only applicable up to year 11. | | | |
| What is important to us  How to support us  Things that are working well for us  Things that are not working well for us  Our aspirations for the future | | | |
| **Education Attainment and Achievement (Section B of EHCP)** | | | |
| Give details of progress that the child/young person has made since the last review. Include current attainment for core areas (reading, writing, SPAG, numeracy, English, maths) as appropriate to the key stage/phase. Please also include the most recent end of key stage attainment data.  For 0-5 please include attainment against the EYFS ‘Early Learning Goals’ clearly using evidence identifying at what stage of development the child is currently achieving.  For post 16 please provide levels and details of any progress towards vocational qualifications and or study programmes. | | | |
| Results of standardised reading/spelling tests | | | |
| Name of Test: |  | | |
| Reading Age | Standardised Score | Chronological Age | Progress since last review |
|  |  |  |  |
| Spelling Age | Standardised Score | Chronological Age | Progress since last review |
|  |  |  |  |
| What Early Years/National Curriculum/GCSE/vocational standard is the child/young person **working at**: | | | |
| Early Years | |  | |
| Key Stages 1, 2 & 3 National Curriculum standards | | Reading  Writing  Maths  SPAG | |
| GCSE or equivalent grade | | English  Maths  Science  Options | |
| Vocational | |  | |
| Please detail any barriers to learning | | | |
|  | | | |
| Please also identify any **other** achievements e.g. development of life skills (including independence), social skills, ability to communicate etc. | | | |
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| **Review of Education Provision (Section F of EHCP)** | | | |
| Give details of support and intervention provided. Please consider if the provision detailed in sections F of the EHCP are appropriate to ensure continued progression. Please annotate on the EHCP if there are any amendments to be considered by the LA. | | | |
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| Please enclose a costed provision map (and timetable if in post 16 education) detailing the support being provided. If a change to the current level of funding is required we will need further information and evidence to support this. | | | |
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| **Review of Health Care Needs (Section C of EHCP)** |
| Detail all relevant health care needs - review current EHCP section C and add/remove information as appropriate. Please attach latest medical reports. |
| Please confirm any existing diagnosis and provide an update on health care needs:  Are there any new health needs or concerns that impact upon learning?  If there has been a new diagnosis, please attach full details/medical report.  Are there any additional health professionals/services involved? If yes, please give details below including any provision/how often.  Are there any health needs or conditions detailed in the plan that are no longer affecting the child or young person? If yes, has the child/young person been discharged from any health services?  Does the child/young person’s health pose any risk to themselves or others in school?  Any other information that you would like to share? |
| **Review of Health Care Provision (Section G of EHCP)** |
| Detail what health care provision is currently in place. |
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| **Review of Social Care Needs (Section D of EHCP)** |
| Detail all relevant social care needs - review current EHCP section D and add/remove information as appropriate. |
| Please provide an update on your child’s social care needs:  Have your child/young person’s needs changed? Is there any changes such as your child’s behaviour or general wellbeing, changes to the impact upon the family at home, or have things improved since the last review?  What is currently being provided; include involvement of social care professionals or Early Help interventions?  What are the expected outcomes from the support that is in place?  Does the child/young person access non-assessed services such as All In or other activities/groups at school or within the local community?  Are parents aware of the [Shropshire local offer](http://www.shropshire.gov.uk/the-send-local-offer) and do they access it for groups/information/support? |
| **Review of Social Care Provision (Section H1 & H2 of EHCP)** |
| Detail what social care / early help provision is currently in place. |
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| **Review of Outcomes (Section E of EHCP)** | |
| ***Long-term*** – Please copy the long-term outcomes from Section E of the current EHCP and review below |

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| **Long Term Outcome 1**  (Copy from Section E of EHCP) |  |
| Has outcome been achieved? (Yes/No/Partially) |  |
| Evidence of progress towards achieving outcome |  |
| Recommendation for outcome  (Remain/Amend/Remove)  If amend, please detail. |  |
| Please identify up to 3 new steps related to this long term outcome that will be achieved over the next 12 months |  |

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| **Long Term Outcome 2**  (Copy from Section E of EHCP) |  |
| Has outcome been achieved? (Yes/No/Partially) |  |
| Evidence of progress towards achieving outcome |  |
| Recommendation for outcome  (Remain/Amend/Remove)  If amend, please detail. |  |
| Please identify up to 3 new steps related to this long term outcome that will be achieved over the next 12 months |  |

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| **Long Term Outcome 3**  (Copy from Section E of EHCP) |  |
| Has outcome been achieved? (Yes/No/Partially) |  |
| Evidence of progress towards achieving outcome |  |
| Recommendation for outcome  (Remain/Amend/Remove)  If amend, please detail. |  |
| Please identify up to 3 new steps related to this long term outcome that will be achieved over the next 12 months |  |

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| **Long Term Outcome 4**  (Copy from Section E of EHCP) |  |
| Has outcome been achieved? (Yes/No/Partially) |  |
| Evidence of progress towards achieving outcome |  |
| Recommendation for outcome  (Remain/Amend/Remove)  If amend, please detail. |  |
| Please identify up to 3 new steps related to this long term outcome that will be achieved over the next 12 months |  |

*Please add/remove boxes as required.*

**If the annual review is at the end of a Foundation Stage or Key Stage new long term outcomes must be agreed** (only complete if appropriate)   
From year 9 outcomes must relate to PFA

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| **Long Term Outcome 1** |  |
| Steps to achieve the long term outcome |  |
| Provision required to meet this outcome  (Section F of EHCP) |  |

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| **Long Term Outcome 2** |  |
| Steps to achieve the long term outcome |  |
| Provision required to meet this outcome  (Section F of EHCP) |  |

|  |  |
| --- | --- |
| **Long Term Outcome 3** |  |
| Steps to achieve the long term outcome |  |
| Provision required to meet this outcome  (Section F of EHCP) |  |

|  |  |
| --- | --- |
| **Long Term Outcome 4** |  |
| Steps to achieve the long term outcome |  |
| Provision required to meet this outcome  (Section F of EHCP) |  |

*Please add/remove boxes as required.*

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| **Transition/Moving on arrangements** (only complete if appropriate) |
| If the child/young person is moving to a new educational setting please outline any transition plans, including actions and timescales. Identify any additional support that may be needed during transition e.g. any adaptations or specialist equipment.  If leaving education, please detail the transition arrangements and intended outcomes such as employment etc.  If the young person is Year 9 or above please attach a copy of the Preparing for Adulthood document (PFA). **From Year 9 onwards the focus should be on the Preparation for Adulthood Outcomes; employment; independent living; community inclusion; health.** |
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| **Additional Comments** (only complete if appropriate) | | | | |
| Record any additional discussion points including any significant changes in the child’s/young person’s circumstances. | | | | |
|  | | | | |
| **Personal Budgets/Direct Payments (Section J of EHCP)** | | | | |
| Is a Personal Budget/Direct Payment referenced in section J of the EHCP? | Yes |  | No |  |
| Is the child in receipt of a personal budget/direct payment currently? If yes, please give details | Yes |  | No |  |
|  | | | | |
| Does the current Personal Budget/Direct Payment arrangement continue to be appropriate and continue to contribute to the outcomes referenced within the EHCP? | Yes |  | No |  |
| If No, what changes need to be made? | | | | |
|  | | | | |
| Would the parent/carer/young person like to request a Personal Budget/Direct Payment? | Yes |  | No |  |
| If Yes, a member of the SEN Team will contact you to discuss further. | | | | |

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| **Summary/Setting Recommendation** (must be completed) | |
| In-line with the child’s/young person’s progress, please make a recommendation to the Local Authority. | Tick **one** box only |
| 1. **Maintain – no amendments**   EHCP is still required and the placement, provision and outcomes remain appropriate. |  |
| 1. **Maintain – with amendments**   EHCP is still required although amendments are needed. (Annotated EHCP must be attached). |  |
| 1. **Reassess**   The child’s/young person’s special educational needs have changed so significantly that a full reassessment may be necessary. |  |
| 1. **Cease – Transfer to Graduated Support Plan or FE high needs**   EHCP is no longer required. The child/young person still requires a level of educational support which can be met through a Graduated Support Plan (GSP) or FE high needs funding. Please attach a completed GSP template and a costed provision map. |  |
| 1. **Cease** 2. The child/young person no longer requires special educational provision to be made through an EHCP and has met or will meet their outcomes by the end of the current academic year. 3. The child/young person is electively home educated and no longer requires the EHCP. 4. The young person is leaving education. |  |

**Actions** (only complete if appropriate)

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| --- | --- | --- |
| Action | By Whom | Time Scale |
|  |  | By: |
|  |  | By: |
|  |  | By: |

**Documents that must be included:**

🞏 Costed provision map

🞏 Pupil Centred Plan (Current version and revised version must be included)

🞏 Preparing for Adulthood document & timetable for the academic year (Year 9 onwards)

🞏 Reports from professionals / external agencies (if applicable)

🞏 Graduated Support Plan (if the recommendation is to cease EHCP and transfer to GSP)

🞏 Annotated EHCP (if amendments are being requested)

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**Chair of the annual review meeting** (mandatory – must be signed)

I confirm that the information provided in this paperwork is correct and that all the necessary documents identified above will be submitted with this annual review report.

Print Name Role

Signature Date

**Parents/Carers** (mandatory – must be signed)

I confirm that the information provided in this paperwork is correct and gives an accurate summary of the annual review meeting.

Print Name Relationship

Signature Date

🞏 Please tick this box if you agree with the SEN Team contacting you via your email address (this should be listed on page 1).

Print Name Relationship

Signature Date

🞏 Please tick this box if you agree with the SEN Team contacting you via your email address (this should be listed on page 1).

**Young Person** (if applicable)

I confirm that the information provided in this paperwork is correct and gives an accurate summary of the annual review meeting.

Print Name Signature Date

🞏 Please tick this box if you agree with the SEN Team contacting you via your email address (this should be listed on page 1).

**Where do you need to send the paperwork?**

Please send this annual review report and any additional documents to the SEN Team via encrypted email ([senannualreviews@shropshire.gov.uk](mailto:senannualreviews@shropshire.gov.uk)). If you need any help with this please contact Ricki Foxall, Administrator, SEN Team on 01743 254366.

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**When do you need to send the paperwork?**

The SEND Code of Practice states that the completed annual review report and any additional documents must be sent to the SEN Team **within 2 weeks of the meeting date,** this must not be exceeded. This ensures that statutory deadlines can be met.

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**What happens next?**

The SEN Team at the Local Authority will monitor the annual review report and any additional documents. Parents/young person/setting will be notified in writing of the decision (e.g. maintain/amend/cease/reassessment). Please note the Local Authority are only able to keep to the statutory deadlines if the setting submits the paperwork within the two week deadline.

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**Who do you contact if you have any queries?**

If you have any queries relating to annual reviews please contact Ricki Foxall, Administrator, SEN Team on 01743 254366 or you can email [senannualreviews@shropshire.gov.uk](mailto:senannualreviews@shropshire.gov.uk)