

**Annual Review of Education Health Care Plan**

**Report of the Annual Review meeting**

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| **Personal Details** | | | |
| **Full Name:** |  | **Date of Birth** |  |
| **Known Name** |  | **NC Year** |  |
| **Home address** |  | **Phone** |  |
| **Email** |  |
| **Parent/Carers’ name and address if different** |  | **Phone** |  |
| **Email** |  |
| **Current setting** |  | **UPN** |  |

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| **Annual Review Summary** | | | | | | | | |
| **Chair of Meeting** |  | | | **Issue Date of EHCP being reviewed** | | |  | |
| **Date of previous Annual review meeting** |  | | | **Date of this Annual**  **Review meeting** | | |  | |
| **Key Stage Transfer Review (Year 2, 6, 9, 11, 13)** | Yes / No | | | | | | | |
| **RECOMMENDATIONS FROM THE ANNUAL REVIEW MEETING** | | | | | | | | |
| **The Local Authority should maintain the EHCP** | | | **The Local Authority should CEASE to maintain the EHCP (please advise end date)** | | | **Other** | | |
| The EHCP remains appropriate, and NO significant amendments are required. | | ☐ | Because all educational outcomes have been met | | ☐ | The Local Authority is requested to carry out a new statutory reassessment because the child/young person’s needs have changed significantly (please provide reports) | | ☐ |
| The Local Authority is requested to amend the current EHC Plan.  Amendment details are outlined in the sections below | | ☐ | Because the provision that the child/young person requires is ordinarily available | | ☐ | **If a change of setting is requested reports from relevant support agencies MUST be attached to the annual review. In addition a summary statement clearly indicating the reasons this is requested and additional provision currently used should be provided.**  **Please indicate the type of provision preferred** | | |
| The child is at a key stage transfer/transition point so a change of setting is required | | ☐ | Because the young person is transferring to higher education or employment | | ☐ |
| The Local Authority is requested to consider naming an alternative educational setting because the child/young person’s needs have changed significantly and cannot be met in the current setting. | | ☐ | Because the young person no longer wishes to access education or training | | ☐ |
| **Does everyone attending the meeting agree with these recommendations?** ☐ **Yes** ☐ **No**  **If not, please state below who does not agree and their reasons.** | | | | | | | | |

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| **Please indicate any amendments on the EHCP**  This should reflect the meeting discussion and written evidence including reports, observations, TAC meetings, notes, consultations, assessments, provision map planning cycles, and views of all involved | | | | | |
| **Section** | **Recommended Amendments** | | **Supporting evidence attached for significant amendments** | | |
| Child/Young Person’s Details | Yes  No | ☐  ☐ |  | | |
| A: My Views, Aspirations & Interests | None  Minor  Significant | ☐  ☐  ☐ |  | | |
| B: My SEND | None  Minor  Significant | ☐  ☐  ☐ | **Please complete section B below** | | |
| C: My Health Needs | None  Minor  Significant | ☐  ☐  ☐ |  | | |
| D: My Social Care Needs | None  Minor  Significant | ☐  ☐  ☐ |  | | |
| E: My Desired Outcomes | None  Minor  Significant | ☐  ☐  ☐ | **Please complete section E below** | | |
| F: My Special Educational Provision | None  Minor  Significant | ☐  ☐  ☐ | **Please complete section F below** | | |
| G: My Health Provision | None  Minor  Significant | ☐  ☐  ☐ |  | | |
| H: My Social Care Provision | None  Minor  Significant | ☐  ☐  ☐ |  | | |
| I: My Placement Details | Yes  No | ☐  ☐ | If so please give details e.g mainstream to special, change of phase | | |
| **J: My Personal Budget** | | | | **YES** | **NO** |
| Does the child/young person/family have a Personal Education Budget, Personal Health Budget or Direct Payments provided through Social Care in place? *(N.B. This does not include disability benefits such as Personal Independence Payment or PIP).* | | | |  |  |
| Do the Personal Budget arrangements remain appropriate? | | | |  |  |
| A change in Personal Budget is requested   * *if the change in Personal Budget is intended to deliver educational provision please ensure that a costed provision map with additional needs and provision is attached* * *If the change in Personal Budget relates to Health or Social Care please provide full details in Section G or H below as appropriate* | | | |  |  |

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| **Contributors to the annual review** | | | | |
| **Name** | **Designation** | **Summary of contributions (include the dates of any reports or documents attached)** | **Report**  **submitted** | **Attended**  **Review**  **meeting** |
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*Add more as required.*

| **Summary of Discussion (please bullet point / summarise and attach accompanying reports)** |
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| **Please note any differences of opinion that occurred during the meeting.** |
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**Actions from the annual review meeting?**

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| Actions | Who? | BY When? |
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| **TO BE COMPLETED FOR ALL YOUNG PEOPLE IN YEAR 9 AND ABOVE:**  **Preparation for Adulthood** | | |
| **Did the young person contribute to the Annual Review?** | **Attended** | ☐ |
| **Report provided** | ☐ |
| **Communicated via a trusted adult** | ☐ |
| **Post 16 Destination Choices** | **Higher Education** | ☐ |
| **Leaving Education** | ☐ |
| **Receiving Care and Support** | ☐ |
| **Employment** | ☐ |
| **Self-employed** | ☐ |
| **My life; my choices** | ☐ |
| **Staying Healthy** | ☐ |
| **What support and advice does the young person need to achieve their next steps for education?** | | |
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| **What support and advice does the young person need to achieve their next steps for Independent Living?** | | |
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| **What support and advice does the young person need to achieve their next steps for Community Participation?** | | |
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| **What support and advice does the young person need to achieve their next steps for Good Health?** | | |
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| **Section B: My SEND**  If needs have changed significantly, (*for example there are new needs or some significant needs are no longer in evidence*), please copy the needs from the EHCP into this section any indicate and suggested changes to the text within this document using **bold text** for additional wording and **~~bold deletions~~** for wording no longer required. (Please indicate the area of strength/need). | |
| **Cognition and Learning** |  |
| **Communication and Interaction** |  |
| **Social, Emotional & Mental Health** |  |
| **Physical/Sensory** |  |
| **Preparation for Adulthood/ Independence** |  |
| **Please reference below the supporting evidence/professional report attached for significant amendments** | |
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| **Section C: My Health Needs**  If needs have changed significantly, (*for example there are new needs or some significant needs are no longer in evidence*), please copy the needs (if any) from Section C the EHCP into this section and indicate any suggested changes to the text within this document using **bold text** for additional wording and **~~bold deletions~~** for wording no longer required. Please note there must be medical evidence to support any recommended amendments. |
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| **Please reference below the supporting evidence/professional report attached for significant amendments** |
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| **Section D: My Social Care Needs**  If needs have changed significantly, (*for example there are new needs or some significant needs are no longer in evidence*), please copy the needs (if any) from Section D the EHCP into this section and indicate any suggested changes to the text within this document using **bold text** for additional wording and **~~bold deletions~~** for wording no longer required. Please note there must be updated social care evidence to support any recommended amendments. |
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| **Please reference below the supporting evidence/professional report attached for significant amendments** |
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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **SECTION E: Outcomes**  Please list all outcomes from the EHCP and comment on progress for each outcome. If a change of wording is required or if an outcome is to be removed, please make this clear.  If an existing outcome is no longer appropriate please state this.  ***Please include Preparation for Adulthood outcomes for pupils in years 9 and above***  If a new or modified outcome is required in the light of the changes to the pupil’s SEN or progress made these should be specific, measurable, achievable, realistic and time based. | | | | | | | | **Section E - Current Outcomes (if necessary add additional rows, or group similar outcomes/areas of need together to review all outcomes)** | | **Progress made?**  **Please outline any recommended amendments** | **Achieved** | **Partially Achieved** | **Not Achieved** | **No longer required** | | 1 |  |  |  |  |  |  | | 2 |  |  |  |  |  |  | | 3 |  |  |  |  |  |  | | 4 |  |  |  |  |  |  | | 5 |  |  |  |  |  |  | | 6 |  |  |  |  |  |  | | 7 |  |  |  |  |  |  |   *Add more as required.* |

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| **Recommended Outcomes for the next Key Stage**  If a new or modified outcome is recommended in the light of the changes to the pupil’s SEND, progress made or a change in Key Stage these should be specific, measurable, achievable, realistic and time based. | |
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| **Section F: My Special Educational Provision**  If there are recommendations for a significant change in the provision that the child/young person requires, please copy the Provision from the EHCP into this section and indicate any suggested changes to the text within this document using **bold text** for additional wording and **~~bold deletions~~** for wording no longer required. | |
| **Cognition and Learning** |  |
| **Communication and Interaction** |  |
| **Social, Emotional & Mental Health** |  |
| **Physical/Sensory** |  |
| **Preparation for Adulthood/ Independence** |  |
| **Please indicate below the supporting evidence/professional report attached for significant amendments** | |
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| **Section G: My Health Provision**  If there are recommendations for a significant change in the provision that the child/young person requires, including an increase or decrease in the amount of SLT or OT to be provided, please copy the Provision from the EHCP into this section and indicate any suggested changes to the text within this document using **bold text** for additional wording and **~~bold deletions~~** for wording no longer required. |
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| **Please indicate below the supporting evidence/professional report attached for significant amendments** |
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| **Section H: My Social Care Provision**  If there are recommendations for a significant change in the social care provision that the child/young person requires, including but not limited to a change in provision to support preparation for adulthood, please copy the Provision from the EHCP into this section and indicate any suggested changes to the text within this document using **bold text** for additional wording and **~~bold deletions~~** for wording no longer required. |
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| **Please indicate below the supporting evidence/professional report attached for significant amendments** |
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| **Any additional information you feel the local authority needs to be aware of:** |
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| **I agree that this is an accurate representation of the meeting**  **I agree to Haringey Council sharing this information with relevant agencies.**  Data Protection Act 2018 Right to be Informed - Privacy Notice  We need your personal information so that we can make decisions about providing the right services, to support your child’s education health and care. Our Data Protection Act 2018 basis for processing is: Processing is necessary for compliance with a legal obligation. The legal obligations are contained in the Children Act 1989 & 2004 and Children & Families Act 2015. If you do not provide your information, we will not be able to provide you with a service.  Haringey Council holds your information securely; it will not be transferred overseas or to anyone except service providers  Haringey Council’s Record of Processing Activities sets out full details of why and how we use personal information. You can view this and our [Privacy Statement](http://www.haringey.gov.uk/contact/privacy-statement) on our website.  You have a right to access the information that we hold and have inaccurate information corrected. Please see the information on the [Data Protection](http://www.haringey.gov.uk/contact/information-requests/data-protection) section of our website for details of your legal rights relating to how we use your personal data and how to exercise those rights. | | |
| **Parents/Carers:** | **Signature:** | **Date:** |
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| **Young Person(over16):** | **Signature:** | **Date:** |

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| **Name and signature of the Chair of the annual review meeting:**  **Designation**: | **Date:** |

**This report must be submitted to the Local Authority and Parents/Carers and young person within 10 working days of the review meeting. Please include copies of all written reports received including pupil and parent views, relevant school information and a completed transition plan for pupils in Year 9 and above.**

**Please send to the following address:**

**Early Years Team including Year 6 -** [**SENDTeam1@haringey.gov.uk**](mailto:SENDTeam1@haringey.gov.uk)

**Secondary Team Years 7 to 11 -** [**SENDTeam2@haringey.gov.uk**](mailto:SENDTeam2@haringey.gov.uk)

**Post 16 - SENDTeam3@haringey.gov.uk**

**SEN Team, Haringey Council, 48 Station Road, Wood Green, London, N22 7TY**

Checklist

* Annual Review – completed and signed by Parent/Carer, Setting and Young Person (if over 16)
* Current EHCP – with amendments as appropriate
* Professional Reports
* Parent & Young Person Views
* Transition Plan (Year 9 and above)