EHCP ANNUAL REVIEW form

Official: Sensitive

Report and recommendations of Head teacher following the review meeting, in accordance with

Regulations 2, 18, 19, 20, and 21 of the SEND Regulations 2014 and Section 44 of the Children and Families Act 2014.

**To be completed with reference to the accompanying Annual Review guidance notes.**

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| Child/Young person’s name |  | Academic Year/NCY |  |
| Address |  | Date of EHC Plan |  |
| Date of birth |  | SEN Funding |  |
| Setting/School/College |  | Date of Review Meeting |  |

**Part 1 Summary of Recommendations For Actions**

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| **Please check (**X**) the appropriate boxes below**: | | | | |
|  | **a)** | | The Educational or home setting has changed from EHCP | |
|  | **b)** | | The level of funding needs to be reviewed | |
|  | **c)** | | An alternative setting should be considered | |
|  | **d)** | | The child/YP is being considered for reintegration into a mainstream setting. | |
|  | **e)** | | Significant Educational Outcome changes, Health changes or Social changes noted | |
|  | **f)** | | Personal budget recommendations made | |
|  | **g)** | | The EHCP should cease | |
|  | **h)** | | Other (please specify): | |
|  | **i)** | | The EHC Plan and funding arrangements remain appropriate (no change) | |
| **Documents which MUST be included when submitting this review. Please check (**X**) the documents you have attached to this Annual Review**: | | | |
|  | **1)** | Written student’s and parent/carer’s views where appropriate. | |
|  | **2)** | Child/young person’s attendance record including current term **and** timetable | |
|  | **3)** | The current and previous IEP/MASP/EHAT with appropriate review comments. | |
|  | **4)** | Copy of all written advice submitted. | |
|  | **5)** | For Post 16 students **you must** enclose a copy of the attached **consent form** | |

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| **People who attended this Annual Review. For transition years you should invite representatives of the institution where the pupil has expressed a desire to attend a particular institution or skills provider.** | | | | | |
| Name | Job role | Email address (essential) | Review Y/N | Report Y/N | Date of report |
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| **C/YP’s academic record of progress and Head Teacher’s, Principal’s or Setting Manager’s Summary:** | | | |
| **Options available for next year** | | | |
| **Signed:** | (Head Teacher/Principal/Manager) | **Date:** |  |

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| **Please Note**   * This completed form needs to be submitted electronically to **senadmin@plymouth.gov.uk** the received e-mail will be part of an auditable paper trail. * It is a statutory requirement that this form is sent to Plymouth’s 0-25 SEND Statutory Assessment Team, no later than 2 weeks after the meeting. The parent and school will be notified within 4 weeks of the meeting date of any action to be taken by the Local Authority. * If no response is received within 4 weeks of the meeting the school should contact [**senadmin@plymouth.gov.uk**](mailto:senadmin@plymouth.gov.uk) to clarify the situation around the response. |

**Part 2 Update of EHC Plan Information**

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| 1. **Changes in circumstances** |
| Have there been significant changes? e.g. change of address, parent/carer details, diagnosis etc. Please provide information below: |

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| 1. **Pupil’s Views** |
| Provide details of any views gathered from the pupil during or before the Annual Transition Review meeting about his/her progress over the last year below. (This is in addition to any Pupil’s Views Form or feedback paperwork which should also be attached.) |

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| 1. **Parent or carer views on progress** |
| Provide detail of views expressed by parent/carer during the Annual Transition Review meeting about the pupil’s progress over the last year below. (This is in addition to any Parent/Carer Views Form or feedback paperwork which should also be attached.) |

Section A of EHC Plan

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| **Child/young person’s story/interests/aspirations** |
| Have there been any changes to the child’s personal story? Please provide information below: |

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| **Parents’/carers’ aspirations for Child/Young Person**  For example: education, play, health, friendships, sixth form, further education, independent living, university and employment. |
| Is there any new information to be included? |

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| **If the parent or carer did not attend the Annual Transition Review meeting, please record the efforts to engage with them below for example, telephoning/email contact prior to the meeting. Explain how you will gain their views and the timeframe for submitting these to the local authority.** |
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SECTION B OF EHC Plan

**Changes to Strengths and Needs.**

**Where a pupil’s needs have changed please review the relevant outcome to see if it should be revised. Record the change in Part 3 below.**

**Has the priority order remained the same or changed?**

(indicate 1st, 2nd, 3rd ):

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| Cognition and Learning |  |
| Social, emotional and mental health difficulties |  |
| Communication and Interaction needs |  |
| Sensory and physical needs |  |

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| Communication and Interaction Strengths and Needs this year. | Have there been significant changes? If Yes, please update below:  Strengths:  Needs: |
| Cognition and Learning Strengths and Needs this year. | Have there been significant changes? If Yes, please update below:  Strengths:  Needs: |
| Social, Emotional and Mental Health Strengths and Needs this year. | Have there been significant changes? If Yes, please update below:  Strengths:  Needs: |
| Sensory and Physical Strengths and Needs this year. | Have there been significant changes? If Yes, please update below:  Strengths:  Needs: |

SECTION C AND G OF EHC PLAN

**Health Needs Related To SEN**

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| Including Strengths and any Health Needs this year. | Have there been significant changes? If Yes, please update and include information about health provision below (Attach evidence if appropriate): |

SECTION D AND H1AND 2 OF EHC PLAN

**Social Care Needs Related To SEN**

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| Including Strengths, Family Environment and Social Care Support this year. | Have there been significant changes? If Yes, please update and include information about care provision below (Attach evidence if appropriate): |

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| **Targets from any active Child Protection or Child in Need Plan this year** |
| Have there been significant changes? If Yes, please update and include information below (Attach evidence if appropriate eg. PEP (Personal Education Plan.)): |

**Part 3 Review of Outcomes from EHC Plan**

**SECTION E AND SECTION F OF EHC PLAN**

Please report on **all** the outcomes in the EHCP. Where possible outcomes in each area of need should be refined to include only those that continue to be essential. If the area of need is not relevant **or** no longer relevant to this pupil, insert **Not Applicable (N/A).**

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| **Communication and Interaction (Current)** | | **Support/Provision/Equipment required to meet outcomes.**  Include outside agencies involvement/staff training etc. | | **Has the outcome been met?**  Evidence of Impact/Outcomes met  If outcomes not met, consider revising the outcome and record this below. | |
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| **Communication and Interaction (New)** | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Desired outcome in relation to Communication and Interaction | Support / Provision / Equipment needed to achieve this outcome including any short-term targets related to the overall outcome | How often is this support required? | Who will provide this support? | | | | | | |
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| **Cognition and Learning (current)** | | **Support/Provision/Equipment required to meet outcomes.**  Include outside agencies involvement/staff training etc. | | **Has the outcome been met?**  Evidence of Impact/Outcomes met  If outcomes not met, consider revising the outcome and record this below. | |
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| **Cognition and Learning (New)** | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Desired outcome in relation to Cognition and Learning | Support / Provision / Equipment needed to achieve this outcome including any short-term targets related to the overall outcome | How often is this support required? | Who will provide this support? | | | | | | |
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| **Social, Emotional and Mental Health (current)** | | **Support/Provision/Equipment required to meet outcomes.**  Include outside agencies involvement/staff training etc. | | **Has the outcome been met?**  Evidence of Impact/Outcomes met  If outcomes not met, consider revising the outcome and record this below. | |
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| **Social, Emotional and Mental Health (New)** | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Desired outcome in relation to Social, Emotional and Mental Health | Support / Provision / Equipment needed to achieve this outcome including any short-term targets related to the overall outcome | How often is this support required? | Who will provide this support? | | | | | | |
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| **Sensory and Physical**  **(current)**  Desired outcome | | **Support/Provision/Equipment required to meet outcomes.**  Include outside agencies involvement/staff training etc. | | **Has the outcome been met?**  Evidence of Impact/Outcomes met  If outcomes not met, consider revising the outcome and record this below. | | |
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| **Sensory and Physical (New)** | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Desired outcome in relation to Sensory and Physical | Support / Provision / Equipment needed to achieve this outcome including any short-term targets related to the overall outcome | How often is this support required? | Who will provide this support? | | | | | | |
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**Part 4 Detail of recommendations from this review**

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| **Maintain EHCP** |
| Does the EHCP need to be maintained?  (If the Young Person is in Year 11 they will need to complete an EHCP Consent Form for their EHC Plan to be maintained, forms can be found on the SEN Website [www.plymouth.gov.uk/senschools](http://www.plymouth.gov.uk/senschools)) |

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| **EHC Plan Funding** |
| Does the banding level need to be reviewed?  If Yes, provide recommendations with a completed SMAP funding form ([link](http://www.plymouth.gov.uk/plymouth_single_multi-agency_panel__smap__form.doc)), including a breakdown of costings. |

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| **Education Placement** |
| Does consideration need to be given to an alternative placement?  If Yes, provide recommendations with reasons for consideration below, including a covering letter from parents with specific parental preference (PIASS can help with this): |

**SECTION J OF EHC PLAN**

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| Personal Budget | |
| Is there a personal budget?  If Yes complete **i** , If No complete **ii** | |
| i | Are there any changes to the personal budget?   If Yes, please provide details below and attach evidence if appropriate: |
| ii | Is there a request for a personal budget?  If Yes, please provide details of the area need that the personal budget will apply to and what provision will be secured. We will need to contact you to discuss this further. |

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| **Transport** |
| Is the student provided with school transport?  Has the pupil’s transport needs changed? Please go to transport link.  <https://www.plymouthonlinedirectory.com/childrenandfamilies/travellingtoschool> |