

## **Annual Review**

## **Education, Health and Care Plan**

### (Name of Child/Young Person)

Date of this review:	Click here to enter text.	Date of last review:	Click here to enter text.
Date of current EHCP:	Click here to enter tex	t.	
EHC Plan Number:	Click here to enter tex	t.	

#### Recommendations from the review meeting (please indicate with an X - one only):

1.	The Plan continues to be appropriate and no significant amendments are recommended
2.	The school/college setting remains appropriate but other amendments to the Plan are recommended. The current plan is annotated and supporting information attached.
3.	A change of school/college/setting, is anticipated (the current plan is and

- 3. A change of school/college/setting is anticipated (the current plan is annotated and supporting information attached):
  - a) Because the child or young person is approaching transfer to next phase
  - b) Because the child or young person's needs have changed.
  - c) Because the child or young person is attending a specialist provision but their needs have changed and can now be met in a mainstream placement
- 4. The Child's or Young Person SEND difficulties have changed so significantly that it is recommended that the Local Authority should undertake a re-assessment of the Plan
- 5. It is recommended that the Local Authority should cease to maintain the Plan

Signature of person chairing the meeting

Please send this form and associated documents to <u>sendannualreviews@warwickshire.gov.uk</u> within 10 working days of the review, <u>as well as to parents</u>.

#### STEP 1: Personal Details, School Information & Professional Involvement

Complete in preparation for the review

My Personal Details:			
Surname:	Name:		
Home Address:			
Date of Birth:	Age:		
Gender:	Religion:		
Ethnicity:	Home Language:		
NHS No:	UPN NO:		
Parent/Carer information			
Surname:	Name:		
Home Address:			
Tel No:	Relationship to child:		
Surname:	Name:		
Home Address:			
Tel No:	Relationship to child:		
Does this person have parental responsibility?			
For Looked After Children include the name of Social Worker with contact number and address.			
Are all the personal details on the plan still correct?	Choose an item.		

Name of Educatio	nal Placement:			
Type of setting:			Date of Admission	on:
Attendance %	Actual:		Possible:	
Exclusions (if any please list number of days)				

### **Communities Group (Education and Learning)**

Does the school receive Pupil Premium for this child?	If yes, please indicate amount received: (£)
Does the setting receive post 16 bursary funding for this young person?	If yes, please indicate amount received: (£)
Does the school / setting currently receive Higher Needs Funding for this child / young person?	If yes, please indicate amount received: (£)

# PERSONAL BUDGET (only applicable if a direct payment or third party arrangement) (EHCP Part J)

Is the personal budget managed by direct payments or third party?	Choose an item.
If yes, has a financial audit been undertaken?	Choose an item.
If yes, please provide date of audit. Date:	Click here to enter text.

**Preparing for adulthood -** The following actions **must** be completed for those pupils in **Year 9** and above but can be filled in at an earlier stage. Please indicate completion below

Issues to be discussed	Action completed Y/N
Have the child's/young person's aspirations for when they leave education or training been included in section 2?	
Has the child/young person had advice and support in order to achieve their aspirations?	
Do the outcomes section (step 5) include outcomes focusing on preparation for adulthood?	
Does the provision include the support needed for the child/young person to achieve these outcomes?	
Has this child or young person been referred to a careers / Post 16 adviser? Please add details	
If this child or young person is known to social care have they been referred to the transition team? (from age 16)	

## **Communities Group (Education and Learning)**

People and Services invited to this review				
Name	Role	Advice submitted for review?	Attended Review Y/N	Address / Contact Details
Click here to enter text.				Click here to enter text.
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#### **STEP 2: PERSON CENTRED REVIEW**

In this section please include information under the following headings. If clearly understandable this can include photos of the sheets used during the annual review.

2a What we like and admire about.....

#### 2b Good things that have happened since the last review

including progress towards achieving outcomes (to include review by the school/college/setting of the targets and actions from the current Implementation Plan as well as reports by professionals)

# The school/college/setting should also report the child or young person's year on year academic progress including National Curriculum attainment where relevant:

	National Curriculum attainment		
	Last review	Current review	progress
Reading			
Writing			
Maths			
Science			

#### 2c What is working well and what is not working well? from the point of view of:

- the child or young person
- the family
- school or setting
- others

#### 2d What's important now and what is important in the future for ... with respect to:

Good health

- Education, learning and work
- Independent living
- Friends, relationships and community
- 2e **Questions to answer / issues to resolve** (to be carried forwards as actions in the next Implementation Plan)

#### STEP 3: Review of the plan

Based on the information shared at the Person Centered Review have previous outcomes been met?

Previous Outcome	Has the outcome been met? (Yes/No/Partially)	Comment and Evidence

#### **STEP 4: AMENDMENTS TO THE PLAN**

#### Section A

Based on the information shared at the Person Centered Review are amendments required to Part A of the EHCP? **Where there is no change record this as none**. Significant changes means changes that are additional to and/or different from that which has already been identified. Where detailed amendments to the wording of the plan are recommended, these are best recorded on a photocopy of the current plan.

#### 4a Significant changes in Part A of the child or young person's EHCP

#### Section B, C and D

Based upon the information shared in the review consider if the child/ young person's needs have significantly changed over the year, either in response to intervention, change in provision or due to other factors. Where there is no change record this as none. Significant changes means changes that are additional to and/or different from that which has already been identified. Where detailed amendments to the wording of the plan are recommended, these are best recorded on a photocopy of the current plan.

# 4b Significant changes in the child or young person's special educational needs (part B of the plan)

#### 4c Significant changes in the child or young person's health needs (part C of the plan)

#### 4d Significant changes in the child or young person's social care needs (part D of the plan)

#### STEP 5: Moving Forward – Outcome, Provision and placement (Parts E, F and I)

**Section E** Based on the information shared at the Person Centered Review agree any new outcomes and amendments to the child or young person's existing outcomes as appropriate (You may also attach an annotated copy of the EHCP to indicate deletions / amendments)

Area of Need	Outcome Sought	By When	Date of review

#### For all reviews for young people aged 14 and above.

Area of Need Preparing for Adulthood	Outcome Sought	By When	Date of review
Education, Learning and Work			
Friends and Relationships			
Independence and housing			
Planning for good health			

#### Section F, G and H

Based on the information shared at the Person Centered Review What provision to needs to be added, removed or changed? (You may also attach an annotated copy of the EHCP to indicate deletions / amendments)

. Provision	Description / Level of support

#### Section I:

Please detail below any information relating to next year's education placement:

#### Transfer between phases of education

Transition Year Group	Preferred Placement	Parent's/Guardian's comments	Child or Young Person's comments

### **Communities Group (Education and Learning)**

Signatures Child/Young Person Name ( <i>Please Print</i> )	Signature	Date			
Parent/Carer					
Name (Please Print)	Signature	Date			
	-1				
Author/Lead Professional					
Name ( <i>Please</i> <i>Print</i> ) Signa	ture Job Title	Date			
Head Teacher					
Name (Please Print)	Signature	Date			

#### In addition to this form, please include:

- a. Evidence of progress and relevant assessment data since the last annual review
- b. Reports from:
  - Parents
  - The young person
  - Professionals
  - School
  - Minutes of the review, if appropriate
- c. Costed IEP