



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 text.

EHC Plan Number:

Click here to enter text.

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 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 electronically within 10 working days of the review to sendannualreviews@warwickshire.gov.uk as well as to parents.

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

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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)	
Is this child or young person able to travel independently? If not has a referral for travel training been completed?	
Has the child or young person and their parents/carers been given a copy of the 14-25 transitions guide or has access to the online version?	

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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)

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)

2f The school/college/setting should also append the child or young person's year on year academic progress including National Curriculum attainment where relevant; please ensure there is an explanation of any acronyms or terms used. The appendix should clearly show working at levels/grades, target levels/grades and progress

2g Please complete the end of each key stage academic outcomes

Key Stage	Subjects
Key Stage 1	
Key Stage 2	
Key Stage 3	
Key Stage 4	
Key Stage 5	

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)

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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
Learning and employment related skills			
Friends, relationships and community inclusion			
Independence, life skills and community living skills			
Health and psychological well-being			

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

Signatures

Child/Young Person

Name (*Please Print*)

Signature

Date

Parent/Carer

Name (*Please Print*)

Signature

Date

Author/Lead Professional

Name (*Please Print*)

Signature

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