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| **Education Health and Care Plan Annual Review Record for:** | | |  | | | |
| Date of Birth | |  | Current Education Provider | | |  |
| Child/Young Person Address | |  | | | | |
| Best route to contact family eg. Phone, email | |  | Family phone and email address | | |  |
| ***This report should be completed alongside an amended copy of the EHC Plan if changes are required. Changes should be made via tracked changes where possible or written onto the plan if not and evidenced through feedback and/or reports.*** | | | | | | |
| **Review Meeting Date** | |  | **Previous Review meeting date** | | |  |
| Is the meeting reviewing other areas of work? (eg. PEP, CAF) | | | | | | Yes / No |
| If Yes, please provide details in the box below | | | | | | |
|  | | | | | | |
| **Chair / Meeting facilitator** | |  | **Role / organisation** | | |  |
| **Review Invite and attendance details** (Must include child and family members) | | | | | | |
| **Name** | | **Role / Organisation** | **Invited (Yes/No)** | | **Attended (Yes/No)** | **Contribution to review** |
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| **Person-centred discussion**  This should summarise the general discussion and views of all involved. Please detail who has expressed what. Information may be gathered outside the review meeting where appropriate as part of the review process. | | | | | | |
| **Who?** | **What’s working?** | | | **What’s not working?** | | |
| (Child/Young Person) |  | | |  | | |
| (Family) |  | | |  | | |
| (Education Provider) |  | | |  | | |
| (Others) |  | | |  | | |
| **Substantial changes / updates since current EHCP issued** |  | | | | | |
| **What needs to change or be different for the child to succeed?**  (views of all) |  | | | | | |
| **Other important comments**  (detail who made them) |  | | | | | |

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| **Review of progress against EHC Plan Outcomes**  Please detail what’s working and not working for each outcome. Achieved outcomes should be removed from future plans. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Progress measure key**  **(1-5)** | | | | | | **1.** No progress or deterioration **2.** Limited Progress **3.** Moderate Progress  **4.** Significant Progress **5.** Achieved | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Outcome no.** | **How has this been supported in the past 12 months and what has been achieved?** | | | | | | | | | | | **Barriers to further progress** | | | | | | | **What do we need to do to achieve the next step / outcome?** | | | | | | | | | | | | **Progress Measure (1-5)** |
|  |  | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | |  |
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| **Any new outcomes should be completed and detailed below. Suggested provision should be included on the amended plan and evidence provided that it is appropriate.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Education  Health  Care | | | | | |  | | | | | | | | | | Education  Health  Care | | | | |
| **Evidence of progress made towards short term targets should be detailed in the annual support plan which should also be attached to this report – The annual review should be used to review and set new interim targets** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Preparation for Adulthood (PFA): This should be discussed and planned from Year 9 onwards – This should summarise discussions that are best initially discussed with young people and their families before the meeting** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Areas to discuss & consider** | | | | | | | | | | **Proposed pathway** | | | | | | **Provision and support to move this area forward** | | | | | | | | | | | | | **How and by whom** | | |
| **Preparing for education and employment**  What pathways have been explored, identified and accessed to date for the young person?  *- Academic - Vocational*  *- Employability - Life skills* | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | |  | | |
| **Preparing for independent living**  Where would the young person want to live in the future?  *- Independent living - Supportive living*  *- Residential - Staying with parents* | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | |  | | |
| What life skills are needed to live in the future?  *- Travel training - Personal care*  *- washing /cleaning - managing diet* | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | |  | | |
| **Preparing for a healthy adulthood**  What transition arrangements are in place or required from children’s to adult health services?  *- Therapy services - Mental health services*  *- Specialist health services* | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | |  | | |
| **Preparing for participating in society**  What planning arrangements are in place to support the young person to access social and community activities / friendships?  *- Support needs to access the community*  *- Social care input under the care act*  *- Mental capacity assessment* | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | |  | | |
| How has the PFA conversation taken place with the young person before this meeting? | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| If currently in post-16 education, detail the current and previous post-16 provision and attainment | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Planned study programme for next academic year, including qualifications to be achieved and future progression beyond that to complete education | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| If this is the last year for this young person to have an EHC plan, detail the proposed next steps | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Core information re needs and funding** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Should primary need be amended? | | | Yes / No | | | | | | Suggested or currently recorded primary need | | | | | | | |  | | | | Suggested or currently recorded secondary need(s) | | | | | | |  | | | |
| SSG need levels | | 1a | | | 1b | | | 2a | | | | | 2b | | 3a | | | 3b | | 4a | | 4b | | | | 4c | | | | 4d | |
|  | | |  | | |  | | | | |  | |  | | |  | |  | |  | | | |  | | | |  | |
| Have SSG levels been moderated? | | | | | | | Yes / No | | | | | | | | | | When and by whom? | | | | | | | |  | | | | | | |
| Has funding been accessed to support the EHC Plan? | | | Yes / No | | | | | | When and through which route? | | | | | | | |  | | | | How much and time period covered? | | | | | | |  | | | |
| Attendance % - current academic year | | | |  | | | | | | | | | | Attendance % - previous academic year | | | | | | | | |  | | | | | | | | |
| **Proposed amendments to the EHC Plan** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there amendments to be made to the EHC plan? | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | | | |
| Amendments are being proposed to the following sections: A  B  C  D  E  F  G  H  I  J  K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Summary of proposed amendments to the plan | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is a decision required on a change of placement or resource? | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | | | |
| If yes details of and the reasons for this request | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Should the plan be maintained or ceased? | | | | | | | | | | | | | | | | | | | | | | | | Maintained / Ceased | | | | | | | |
| Details of areas of disagreement regarding proposed changes | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Details of all reports and evidence gathered as part of this annual review. These should provide the evidence of significant changes required in the EHC Plan*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Report** | | | | **Service / Provider** | | | | | | | | | | **Report writer** | | | | | | | | | **Date** | | | | | | | | |
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| **Agreed Actions following Review**  You should record any actions that people supporting the child / young person and their family need to undertake following the meeting. These should address issues identified in the ‘Person Centred discussion – what needs to change’ part of this report. It should be used as a starting point to assess progress in future meetings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Who?** | | | | **What will they do?** | | | | | | | | | | | | | | | **By when?** | | | | **How will this improve things?** | | | | | | | | |
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**This Annual Review Report should be completed and sent to the Young Person and their Family, review participants and the Sheffield SEND Statutory Assessment and Review Service within 2 weeks of the date of the meeting along with any received reports and a copy of any proposed amendments to the EHC plan. Providers should send the reports via ‘anycomms’ where possible to ‘EHCP Annual Review’.**

**Checklist**

|  |  |
| --- | --- |
| **Things to include when completing the EHC Plan annual review** | **✓** |
| Completed annual review report which includes: |  |
| All personal details including any amendments to be made |  |
| Details of all those who attended and / or contributed to the annual review |  |
| Views of the child / young person |  |
| Views of the family plus the family contact details |  |
| Views of those involved in supporting the child and their input |  |
| An attendance percentage for the current period with a copy of current attendance register |  |
| Consideration of progress against the outcomes and supported targets and whether they remain appropriate / what new targets and/or outcomes are required |  |
| Details about primary and secondary needs and the Sheffield Support Grid levels |  |
| Summary of any amendments to be made and areas of disagreement |  |
| Agreed actions |  |
| From Y9 onwards detail of transition plan for adult life |  |
| An annotated copy of the EHC Plan (either tracked changed or written amendments) to show proposed amendments – this must include amendments across Education, Health and Care |  |
| Information gathered throughout the review period from involved advice-giving services such as Educational Psychologist, Health Therapy Services, MAST, Autism Education Team and Fusion. (Please provide copies of original reports as well as information in the review about how the advice has been used) |  |
| A provision map or timetable - this should specify the SEN support in place, to include details of the environment (such as class size, class organisation, cohort, pupil numbers and staff ratio) and timetable. Any partial timetable agreement or use of Alternative provision should be included and evidenced |  |
| Information and evidence about how any additional funding resources have been used (element 3) |  |
| Evidence of interventions and their impact on progress such as in-school support, outreach services and/or alternative provision |  |
| Evidence of the child / young person’s academic attainment and progress |  |
| Any other information or documentation you consider relevant - eg exclusions, latest school reports, notes from any meetings with professionals (to include locality panel meetings, PIP and SIP), an individual health care plan |  |