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| **Education Health and Care Plan Annual Review Record for:**  |  |
| **Date of Birth** |  | **Current Education Provider** |  |
| **Family phone and email address**  |  | **Best route to contact family eg. Phone, email** |  |
| **Child/Young Person Address** |  |
| ***A proposed amended copy of the EHC Plan should be provided alongside this review meeting documentation. Proposed amendments to the EHC Plan should be made via tracked changes. Evidence for the proposed amendments should be sent in professionals reports, 2 weeks prior to the review meeting.***  |
| **Review Meeting Date** |  | **Previous Review meeting date** |  |
| **What other areas are being considered within this review? (e.g., PEP, CAF etc…) Please provide details below:** |
|  |
| **Chair / Meeting facilitator** |  | **Role / organisation** |  |
| ***If the young person is not the chair / facilitator of this meeting and / or isn’t included in the meeting, please ensure details of who has the child / young persons voice and who represents them within this annual review meeting, detailing how their voice was captured.***  |
| **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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Consideration of the wording in the heading of the outcomes section – EXSP doesn’t match AR paperwork at present

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| **Are there new outcomes to be included? Please detail below, with suggested provision (Evidence should be provided and referenced)** |
| **Suggested Outcome:** | **☐ E**ducation**☐** Health☐ Care | **Suggested Outcome:** | **☐** Education**☐** Health☐ Care |

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| **Needs and Funding** |
| **Should primary need be amended?** | **Yes / No** | **Current areas of need:** | **1.****2.** | **Suggested areas of need:****(Please reference the evidence and report for change of needs)** | **1.****2.**  |
| **Grid Levels Moderated by:** |  | **Date of moderation:** |  |  |
| **Has funding been accessed to support the EHC Plan?** | **Yes / No** | **HNB First Allocation** | **£** | **Attendance %**  |  |
| **HNB Locality** | **£** | **Suspensions** |  |
| **HNB Exceptional** | **£** | **Educated offsite** |  |
| **Joint Commissioning Funding**  |  |  |  |  |  |

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| **Proposed amendments to the EHC Plan** |
| **Are there amendments to be made to the EHC plan?** | **Yes / No** | **What evidence has been provided?****(Please reference professional evidence and reports)** |  |
| **Amendments are being proposed to the following sections: A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ K ☐** |
| **Is a decision required on a change of provision?** | **Yes / No** | **What evidence has been provided?****(Please reference professional evidence and reports)** |  |
| **Should the plan be maintained or ceased?**  | **Maintained / Ceased** | **Have there been any areas of disagreement regarding proposed changes? (If yes please describe below, if No, leave blank)** |
|  |

**This Annual Review Report MUST 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 – the appendix of points to note MUST have been considered.**  |  |
| **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**  |  |
| **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** |  |