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| **West Sussex County Council**  **Education Health & Care Plan (EHCP)**  **Annual Review Setting and Meeting Report for**  **Secondary Phase and Post 16 age 11 -25** |  |

**It is important you refer to Chapter 9 of the SEN&D Code of Practice - Sections 9.166 to 9.185 for guidance regarding the review process and meeting.**

\*IMPORTANT: Please have available at the meeting, for reference: a copy of the latest EHCP; relevant appendices and reports; a copy of the last Annual Review. In completing the Review please ensure that this document reflects the views of the young person, parents, setting/provider and any other professionals involved.

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| Name of Young Person |  | Date of Birth |  |
| Home Address |  | Gender |  |
| Home Language |  |

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| Date of admission to this setting |  | Current Year Group |  | Attendance |  |
| *Please detail the regular sessions they attend. If attendance is below 95% please give reasons for lower attendance.* | | | | | |
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| Name of School/Setting/Provider | Academic Year (from/to) | Date of Review |
|  |  |  |
| Name of parent/carer | Address if different | Phone and email |
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| **Please answer the following questions, highlight as appropriate…** | | | | |
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| PRIORITY STATUS | GREEN |  | RED |  |
| Are there any changes required to the EHCP? | Yes | | | No |
| Does the EHCP need to be ceased? | Yes | | | No |
| Do you wish to request additional resourcing? | Yes. Please send costed provision map and request form directly to your planning co-ordinator | | | No |
| Is there a request for change of placement? | Yes. Parents must contact their planning co-ordinator directly with request & reasons | | | No |

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| 1 | **Introductions** | | | | | |
| **People invited and present at Annual Review** | | | | | | |
| Role | | Name | Invited | Present | Report\* | Dates of involvement |
| Young Person | |  |  |  |  |  |
| Parents/Carers | |  |  |  |  |  |
| *Educational setting representatives* | |  |  |  |  |  |
| *EPS* | |  |  |  |  |  |
| *S&LT* | |  |  |  |  |  |
| *SNO/ Local Authority representative* | |  |  |  |  |  |
| *Social Worker* | |  |  |  |  |  |
| *Other* | |  |  |  |  |  |

*\*Please ensure a copy of each report is uploaded to the online form with this form.*

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| 2 | **Aspirations for the future** | |
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| What are the hopes and dreams for the Young Person? This could be short term i.e. the next month or long term i.e. something they would like to do in the future. This may include drawings or photos of notes of discussion which took place at the meeting. | | |
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| Young Person | |  |
| Parent/Carer | |  |
| Educational setting | |  |
| Others | |  |

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| 3 | **Agreed Actions from the last meeting and outcomes** | |
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| Action | | Outcome |
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| 4 | **What is working well?** | |
|  | | |
| Young Person | |  |
| Parent/Carer | |  |
| Educational setting | |  |
| Professional | |  |
| Professional | |  |

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| 5 | **Things would be better if?** | |
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| Young Person | |  |
| Parent/Carer | |  |
| Educational Setting | |  |
| Professional | |  |
| Professional | |  |

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| 6 | **Progress towards the outcomes identified in the EHCP and Outcomes for the coming year** |

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| When completing the next section, please take account of the assess; plan; do; review model | | | | |
| **E1** | Progress towards outcomes – please reference outcomes agreed at last AR |  | | |
| Support provided |  | | |
| Next steps/changes to support |  | | |
| Suggested outcomes for the coming year |  | | |
| Was this outcome agreed at the meeting in discussion with the Young Person and Parents/Carers? | | Yes | No |
| **E2** | Progress towards outcomes – please reference outcomes agreed at last AR |  | | |
| Support provided |  | | |
| Next steps/changes to support |  | | |
| Suggested outcomes for the coming year |  | | |
| Was this outcome agreed at the meeting in discussion with the Young Person and Parents/Carers? | | Yes | No |
| **E3** | Progress towards outcomes – please reference outcomes agreed at last AR |  | | |
| Support provided |  | | |
| Next steps/changes to support |  | | |
| Suggested outcomes for the coming year |  | | |
| Was this outcome agreed at the meeting in discussion with the Young Person and Parents/Carers? | | Yes | No |
| **E4** | Progress towards outcomes – please reference outcomes agreed at last AR |  | | |
| Support provided |  | | |
| Next steps/changes to support |  | | |
| Suggested outcomes for the coming year |  | | |
| Was this outcome agreed at the meeting in discussion with the Young Person and Parents/Carers? | | Yes | No |

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| 7 | | **Academic Achievements** | | | | | |
|  | | | | | | | |
| **National Curriculum Expected Outcomes/Pre Key Stage descriptors**  (outcomes for all years must be completed) | | | | | | | |
| Please specify which age related expectations they are working at. Please detail your assessment system. | | | | | | | |
| **SECONDARY PHASE** | | | | | | | |
|  | 7 | | 8 | 9 | 10 | 11 | ADDITIONAL INFORMATION |
| English |  | |  |  |  |  |  |
| Maths |  | |  |  |  |  |  |
| Science |  | |  |  |  |  |  |
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| **Colleges – Year 12 Onwards** | | |
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| Subject/Life and Living Skills | Academic Year | Currently on track to meet end of year target? Please include details if not on track. |
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| 8 | **Other Achievements** (Please complete for Year 7 and 8) | |
| Please outline how the Young Person is making progress in these areas | | |
| Characteristics of Learning | |  |
| Developing Independence | |  |
| Community Inclusion and relationships | |  |
| Understanding Healthy Living | |  |
| Special Interests | |  |

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| 9 | **Preparation for Adulthood** (Only complete for Year 9 and above) | |
| Please complete the following which is based on the five preparation for life outcomes, and proposed learning and development: | | |
| **Learning and development** | | |
| **Has the Young Person applied / chosen next year’s courses?**   * Are they making expected progress? * How are they getting on with their options subjects? * Which college / sixth form they would like to attend and why? * If at college, what are their plans for next academic year? * Please specify course level and title. | |  |
| **What support is needed / can be provided by the school?**  E.g. options evening, careers fair, support to visit colleges, access to careers advice. | |  |
| **Progress since last PfA review** | |  |
| **Employment** (This encompasses activities, work placement and volunteering which the Young Person may participate in after education as well as paid employment) | | |
| **What are the young person’s aspirations for employment?**  E.g. do they have any career plans, have they applied for any vocational courses? | |  |
| **What support is needed / can be provided by the school?**  E.g. Has the young person received careers advice / guidance? Has the young person completed work experience? | |  |
| **Progress since last PfA review** | |  |
| **Independent living** | | |
| **How independent is the young person**  E.g. What are the young person’s aspirations for the future? Can they travel to school independently? Can they cook a simple meal? Can they purchase an item in a shop? | |  |
| **What support is needed / can be provided by the school?**  E.g. Has the young person received travel training? Have they accessed food technology lessons? Can they buy their lunch in the canteen etc.? | |  |
| **Progress since last PfA review** | |  |
| **Community inclusion and relationships** | | |
| **Is the young person involved in their local community?**  E.g. Do they attend any local clubs? Are they able to access community facilities? Do they have friends in and out of school? | |  |
| **What support is needed / can be provided by the school?**  E.g. attendance at afterschool club, Support to manage friendship groups, visits to local amenities. | |  |
| **Progress since last PfA review** | |  |
| **Health** | | |
| **Is the young person healthy?**  E.g. Do they have any medical conditions? | |  |
| **What support is needed / can be provided by the school?**  E.g. medication, access to sports / fitness | |  |
| **Progress since last PfA review** | |  |

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| 10 | **Travel Arrangements** | | |
| **Please note that limited assistance with transport may be available after Yr 11. This has to be applied for, eligibility checked in accordance with the Post-16 Transport policy and a charge may apply.** | | | |
| How do you/does your young person currently get to school? | |  | |
| What goal is realistic for being more independent in travelling in the next 12 months? E.g. walking to the shops, cycling to a park, catching a bus….? | |  | |
| What support would you/your young person need to gain skills to enable him/her to travel independently? | |  | |
| Is transport provided? | | YES | NO |
| Is the current level of school transport provision still required? **If so please explain the reasons why.** | |  | |
| Is there any information which needs updating in the transport care plan? A Transport Care Plan (TCP) should be updated annually and is a parental responsibility; it enables the Transport Planners to understand the needs of your child which may alter ie medication etc. School/College may have a copy or email:school.transport@westsussex.gov.uk | |  | |

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| 11 | **Changes to Pupil’s SEN** | |
| Please detail any new evidence within the following sections, any outcomes which need updating/changing or areas that are no longer relevant on the original EHCP. **Any relevant reports must be provided to support any changes**. | | |
| Cognition & Learning | |  |
| Communication & Interaction | |  |
| Social Emotional & Mental Health Difficulties | |  |
| Sensory &/or Physical | |  |

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| 12 | **Health Care Needs** (Only complete if appropriate) | | |
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| Record discussion points and note any amendments to the Intimate Care, Health Care and Manual Handling Plans if required | | | |
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| Does the Young person attend their Annual Health Check with their GP? (From age 14) | | Yes | No |

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| 13 | **Social Care Needs** (Only complete if appropriate) |
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| Does the family have social support? Is an Early Help Plan in place? Record discussion points and note any amendments required on the EHCP. | |
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| 14 | **Funding and Personal Budgets (PB)** | | |
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| Is the setting in receipt of additional funding (e.g. IAR, Personal Supplement, ENF) | | YES  Please complete sections below | NO |
| Type of funding: | | Number of hours: | |
| If ‘yes’ Is it time bound? Please give details | |  | |
| Is this still required? If ‘yes’ Please provide details | |  | |

Please complete section A or B

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| A | A Personal Budget is referenced in the EHCP | |
| YES | The PB arrangement continues to be appropriate and continues to contribute to the Outcomes referenced within the EHCP | |
| NO | The PB arrangement is no longer appropriate (Please complete below) | |
| What are the difficulties? | | What changes need to be made? |
|  | |  |

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| B | A Personal Budget is **NOT** referenced in the EHCP | | |
| Would the parent/carer like to request a PB? | | YES  Please complete section below | NO |
| If yes, please provide details of the PB being requested and refer to the Outcome in the EHCP that this payment would support. | | | |
| Outcome | | Details | |
|  | |  | |

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| 15 | **Additional Comments** (Only complete if appropriate) |
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| Record discussion points and any significant changes in Young Person’s circumstances | |
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| 16 | **Summary** | | | |
| The following questions **MUST** be asked and supporting comments recorded below if appropriate. | | | | |
| Question | | Yes | No | Comments |
| Is the EHCP still relevant? | |  |  |  |
| Should the Local Authority continue to maintain the EHCP? | |  |  |  |
| Are there any needs recorded on the EHCP that are no longer present? *These should already have been outlined in the summaries above, but please note section numbers if there are changes.* | |  |  |  |
| Has the transition plan been reviewed? Does it need amendments?  (please attach any amendments and a copy of the transition plan) | |  |  |  |
| Does the young person receive exam concessions? If so what are they and why do they receive them? | |  |  |  |

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| 17 | **Actions** | | | |
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| Action | | By whom | Time Scale | |
|  | |  | By |  |
|  | |  | By |  |
|  | |  | By |  |
|  | |  | By |  |

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| --- | --- |
| **Report completed by** | |
| Name |  |
| Designation |  |
| Date |  |

The signed copy of this report together with all the relevant other documents should be uploaded to our online form on the Local Offer **within 2 weeks of the meeting**.