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| **West Sussex County Council**  **Education Health & Care Plan (EHCP)**  **Annual Review Meeting Report for**  **Pupils Electively Home Educated** |  |

**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.**

[Guidance notes are in ***Bold Italics]***

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| Name of Child |  | Date of Birth |  |
| Home Address |  | Gender |  |
| Home Language |  |

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| Date of commencement of EHE |  | Current Year Group |  |

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| Academic Year (from/to) | | Date of Review | |
|  | |  | |
| Name of parent/carer | Address if different from above | | Phone and email |
|  |  | |  |

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| **Please answer the following questions, highlight as appropriate…** | | |
|  | | |
| Are there any changes required to the EHCP? | Yes | No |
| Does the EHCP need to be ceased? | Yes | No |
| Is there a request for a return to school? | Yes. Parents must contact their planning co-ordinator directly with request | No |

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| 1 | **Introductions** | | | | | |
| **People invited and present at Annual Review** | | | | | | |
| Role | | Name | Invited | Present | Report\* | Dates of involvement/  Further information |
| Child | |  |  |  |  |  |
| Parents/Carers | |  |  |  |  |  |
| Special Needs Officer | |  |  |  |  |  |
| EHE Advisory Teacher | |  |  |  |  |  |
| Social Worker | |  |  |  |  |  |
| Other | |  |  |  |  |  |
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*\*Please ensure a copy of each report is sent to Special Educational Needs Assessment Team (SENAT) with this form.*

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| 2 | **Aspirations for the future** | |
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| What are the hopes and dreams for the child? 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. | | |
| ***If a booklet has been completed please use this as a basis for discussion.*** | | |
| Child | |  |
| Parent/Carer | |  |
| Others | |  |
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| 3 | **Agreed Actions from the last meeting and outcomes** | |
|  | | |
| Action | | Outcome |
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| 4 | **What is working well?** | |
| ***If a booklet has been completed please use this as a basis for discussion.*** | | |
| Child | |  |
| Parent/Carer | |  |
| Professional | |  |
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| ***5*** | **Things would be better if?** | |
| ***If a booklet has been completed please use this as a basis for discussion.*** | | |
| Child | |  |
| Parent/Carer | |  |
| Professional | |  |
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| 6 | **Progress towards the outcomes identified in the EHCP and Outcomes for the coming year** |

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| If the EHCP states any specific provision from professionals e.g. SALT, OT, Physio, please state how this is being addressed under ‘Provision’ | | | | |
| **E1** | Progress towards outcomes – please reference outcomes agreed at last AR |  | | |
| Provision |  | | |
| Recommendations /comments from Advisory Teacher/SNO |  | | |
| Suggested outcomes for the coming year |  | | |
| Next steps |  | | |
| Was this outcome agreed at the meeting in discussion with the child and Parents/Carers? | | Yes | No |
| **E2** | Progress towards outcomes – please reference outcomes agreed at last AR |  | | |
| Provision |  | | |
| Recommendations /comments from Advisory Teacher/SNO |  | | |
| Suggested outcomes for the coming year |  | | |
| Next steps |  | | |
| Was this outcome agreed at the meeting in discussion with the child and Parents/Carers? | | Yes | No |
| **E3** | Progress towards outcomes – please reference outcomes agreed at last AR |  | | |
| Provision |  | | |
| Recommendations /comments from Advisory Teacher/SNO |  | | |
| Suggested outcomes for the coming year |  | | |
| Next steps |  | | |
| Was this outcome agreed at the meeting in discussion with the child and Parents/Carers? | | Yes | No |
| **E4** | Progress towards outcomes – please reference outcomes agreed at last AR |  | | |
| Provision |  | | |
| Recommendations /comments from Advisory Teacher/SNO |  | | |
| Suggested outcomes for the coming year |  | | |
| Next steps |  | | |
| Was this outcome agreed at the meeting in discussion with the child and Parents/Carers? | | Yes | No |

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| 7 | **Academic Achievements** | | | | | | |
| **Progress Report for Early Years pupils:** | | | | | | | |
| Area of Learning & Development | | Aspect | | EYFS stage on entry | | Current EYFS stage | |
| Date |  | Date |  |
| **Prime Area** | | | | | | | |
| Personal, Social & Emotional Development | | | Making Relationships |  | |  | |
| Self-confidence & self-awareness |  | |  | |
| Managing Feelings & behaviour |  | |  | |
| Physical Development | | | Moving & Handling |  | |  | |
| Health & self-care |  | |  | |
| Communication & Language | | | Listening & attention |  | |  | |
| Understanding |  | |  | |
| Speaking |  | |  | |
| **Specific Areas** | | | | | | | |
| Literacy | | | Reading |  | |  | |
| Writing |  | |  | |
| Mathematics | | | Numbers |  | |  | |
| Shape, space & measure |  | |  | |
| Understanding the world | | | People & communities |  | |  | |
| The world |  | |  | |
| Technology |  | |  | |
| Expressive Arts & Design | | | Exploring & using media & materials |  | |  | |
| Being imaginative |  | |  | |

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| **Progress Report for Primary Pupils** | |
| ***How are these subjects being addressed? What materials, programmes etc. are being used to assist the pupil’s learning in the following subjects? What evidence of progress is available?*** | |
| English |  |
| Maths |  |
| Science |  |
| Other Subjects |  |

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| **Progress Report for Secondary Pupils** | |
| ***How are these subjects being addressed? What materials, programmes etc. are being used to assist the pupil’s learning in the following subjects? What evidence of progress is available?*** | |
| English |  |
| Maths |  |
| Science |  |
| Other Subjects |  |

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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 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 8 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?** | |  |
| **Progress since last PfA review** | |  |
| **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?**  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 independently? Can they cook a simple meal? Can they purchase an item in a shop? | |  |
| **What support is needed?**  E.g. Has the young person received travel training? Can they buy their lunch in a cafe 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 outside of the home? | |  |
| **What support is needed?**  E.g. attendance at a 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?**  E.g. medication, access to sports / fitness | |  |
| **Progress since last PfA review** | |  |

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| 10 | **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.  ***Please supply any relevant reports to support any changes .*** | | |
| Cognition & Learning | |  |
| Communication & Interaction | |  |
| Social Emotional & Mental Health Difficulties | |  |
| Sensory &/or Physical | |  |

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| 11 | **Health Care Needs** (Only complete if appropriate) | | |
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| Does the pupil have any Health Care Needs stated in the EHCP? | | Yes | No |
| How are these needs being met? | | | |

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| 12 | **Social Care Needs - *Please 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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| 13 | **Funding and Personal Budgets (PB)** |
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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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| 14 | **Transition Arrangements** | | |
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| Are there plans for the pupil to return to school/college in the near future? | | Yes | No |
| If ‘Yes’ has support been offered to complete the required request/application? | | Yes | No |
| Please note any discussion that has taken place at the review. | | | |

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| 15 | **Additional Comments** (Please include any information from professionals e.g. medical reports) |
|  | |
| Record discussion points and any significant changes in Child’s circumstances | |
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| 16 | **EHE Advisory Teacher’s views** | | |
| Is continuation of EHE approved? | | Yes | No |
| Please give details of discussion with Advisory Teacher and reasons for recommendation. | | | |
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| 17 | **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 any significant evidence emerged that is not recorded in the EHCP? *If ‘Yes’ please give details and attach evidence eg Medical report.* | |  |  |  |

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| 18 | **Actions** | | | |
|  | | | | |
| 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 the pupil’s file and the Planning Co-Ordinator notified **within 2 weeks of the meeting**.