**Preparing for your child’s Annual Review meeting**

***INSERT PARENT/CARERS NAMES***

***Child’s/YP Name***

**Completed by:**

**Date:**

If you would like support to complete this booklet or with any aspect of the Education, Health and Care Needs Assessment process please contact the **Independent Support Service** on **0300 123 9186**

or email [is@amazebrighton.org.uk](mailto:independentsupportWSx@amazebrighton.org.uk)

This booklet records useful information that will help us convert your child’s SEN Statement into an Education Health and Care Plan (EHCP).

If you need any support filling in the information you may wish to include a family member, teacher or friend. You can include photos if you wish. Please add extra pages if you need to.

The completed booklet is included as an appendix to the Education Health and Care Plan (Appendix A)

**Important people in my child’s/young person’s life**

**(Relationships)**

*(Please include names or pictures/photos of people that you know* ***your child*** *would want to be included in each section.)*

Family

*Who lives in your home? Who is important to your child/young person?*

Friends

*How does your child get on with other children/young people? Do they prefer to spend time with others or on their own? Social skills – turn taking/sharing? What opportunities do they have to meet and socialise with others?*

Others

*(For example: neighbours, activity group leaders etc)*

These people are involved in supporting my child/young person

*Who supports your child/young person and how do they respond to this?*

|  |  |  |
| --- | --- | --- |
| Name | Role | Contact Details |
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**What we like and admire about our child/young person**

*(For example: Their personality, qualities, strengths and skills?)*

**What is important to our child/young person…**

*(For example: Their likes, interests, routines, people? What makes a good day/bad day for your child?)*

**What is important for our child/young person…**

*(For example: What do you think they need now and in the future? What support works best for them? What helps them to have a good day?)*

**How my child/young person communicates**

**(Communication)**

How my child expresses themselves…

*(Use of non-verbal skills, gesture, sign, visual support? Ability to indicate choices? Ability to communicate using language?*

How my child/young person understands communication…

*(Ability to understand non-verbal cues, signs, visual prompts, gesture? Ability to understand spoken language? Attention and listening skills? How do they communicate in social situations)*

**My child’s/young person’s learning and development**

**(Learning and Development)**

*(For example: How does your child spend their time – inside/outside the home/interests/hobbies/clubs? What have you noticed your child can do, learn or achieve? What have you noticed that your child finds more difficult to do, learn or achieve?)*

At home…

At school/college…

Other setting (childcare, club, activity, playscheme)…

**My child’s/young person’s behaviour and emotions…**

**(Behaviour & Emotions)**

*(For example: What is going well? When does this happen? What is more difficult? When does this happen?)*

Behaviour at home…

*Participation with family life, sharing, listening to and carrying out requests, co-operation with daily routines & tasks? What strategies have you used to promote positive behaviour, what works?*

Behaviour outside the home…

*Are there any behaviours that are difficult to manage inside/outside the home? How do they cope with change? Do you think they are vulnerable to abuse from others? Are they able to communicate risk or harm?*

Feelings and emotions….

*(For example: How does your child express his/her feelings and emotions inside the home and outside the home? What makes them happy, sad, angry, scared, anxious etc? How do they feel about themselves?)*

**My child’s/young person’s health**

**(Keeping Healthy)**

General Health….

*(For example: Physical development, vision, hearing, sleep patterns, mobility, medication, specialist appointments, weight, exercise? Do you think your child has a healthy lifestyle?)*

Personal Care and Independence….

*(For example: Eating & diet, drinking, toileting, support needs, specialist equipment?)*

**Planning Ahead**

*This section may relate to the immediate future or thinking a few years ahead. It could include anything from being happy or meeting new people, to getting a job and becoming more independent.*

What do **you wish for your child** in the future?

What are **your child’s/young person’s hopes and dreams** for the future?

What is working well now and needs to be maintained…

*(For example: This may include services, support or access to information?)*

Things would be better if…

*(For example: This may relate to any aspects of support that you feel may not be working so well for your child or any issues that you think need to be resolved?)*

**Questions I want to ask…**

Please write down any things you would like to find out about and discuss at the review meeting.