

**ANNUAL REVIEW**

**of**

**an Education, Health and Care Plan (EHCP)**

**or Statement of Special Educational Needs**

**AGENDA**

1. Introductions
2. Hopes and Dreams
3. What is working well?
4. Things would be better if…
5. Outcomes
6. Current & Future Provision
7. Changes to Pupil’s SEN
8. Travel Arrangements
9. Health Care Needs
10. Social Care Needs
11. Personal Budgets/Direct Payments
12. Transition Arrangements
13. Additional Comments
14. Summary
15. Actions



**West Sussex County Council**

**Education Health & Care Plan (EHCP)/ Statement**

**Annual Review Meeting Report**

**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.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Child/Young Person |  | Date of Birth |  |
| Address |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Educational Setting | Academic Year | Current Year Group | Date of Review |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Name of Parent/s or Carer/s | Address *(if different from above)* | Contact Details |
|  |  | Home no.  Mobile:  Email: |

1. **Introductions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| People invited and present at Annual Review | | | | |
| Role | Name | Invited | Present | Report\* |
| Child/Young Person |  |  |  |  |
| Parent/Carer |  |  |  |  |
| *Parent/Carer* |  |  |  |  |
| *Educational representative* |  |  |  |  |
| *EPS* |  |  |  |  |
| *S&LT* |  |  |  |  |
| *SNO* |  |  |  |  |
| *Social Worker* |  |  |  |  |
| *SEN Careers Advisor* |  |  |  |  |
| *Other* |  |  |  |  |

*\*Please ensure a copy of each report is sent to Special Educational Needs Assessment Team (SENAT) with this form.*

1. **Hopes and Dreams**

|  |
| --- |
| What are the hopes and dreams of 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. |
|  |

1. **What is working well?**

|  |  |
| --- | --- |
| Person | Comments |
| Child/Young Person |  |
| Parent/Carer |  |
| Educational setting |  |
| *Professional* |  |
| *Professional* |  |

1. **Things would be better if?**

|  |
| --- |
| Comments |
|  |

1. **Outcomes**

|  |  |
| --- | --- |
| Outcome Reference from EHCP e.g. E1 | New Outcomes for the forthcoming year  (see guidance document for more details) |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| Please detail any additional outcomes as a result of the discussion at the Annual Review, but which are not recorded on the EHCP, in Section 13. |

1. **Current & Future Provision**

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| --- |
| Please attach a provision map with costs and record below details of proposed support and interventions for the forthcoming year. Special Schools should attach a timetable instead of a provision map. |
|  |

1. **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 |  |

1. **Travel Arrangements**

|  |  |  |
| --- | --- | --- |
| If transport is provided, is it still necessary? | Yes | No |
| Is the Transport Care Plan still appropriate? | Yes | No  *(please note any amendments below)* |
|  | | |

1. **Health Care Needs** (Only complete if appropriate)

|  |
| --- |
| Record discussion points and note any amendments to the Intimate Care, Health Care and Manual Handling Plans if required |
|  |

1. **Social Care Needs** (Only complete if appropriate)

|  |
| --- |
| Record discussion points and note any amendments required on the EHCP. |
|  |

1. **Personal Budgets (PB)/ Direct Payments (DP)**

(Only complete if appropriate)

|  |  |  |  |
| --- | --- | --- | --- |
| 1. A Personal Budget/Direct Payment is referenced in the EHCP | | | |
| Does the PB/DP arrangement continue to be appropriate and continue to contribute to the Outcomes referenced within the EHCP? | | | |
| Yes | No – then please complete the following questions: | | |
|  | What are the difficulties? | | What changes need to be made? |
|  | |  |
| 1. A Personal Budget/Direct Payment is **NOT** referenced in the EHCP | | | |
| Would the parent/carer like to request a PB/DP? | | | |
| No | If Yes, please provide details of the PB/DP being requested and refer to the Outcome~~/Objective~~ in the EHCP that this payment would support. | | |
|  | Outcome | Details | |
|  |  | |

1. **Transition Arrangements**

(Only complete if pupil is due to transfer to another educational setting)

|  |
| --- |
| Please outline any transition plans, including actions and timescales, for transfer to a new education setting this will be useful for children and young people who are in Years 5 & 6, thinking about being ready for secondary and **from Year 9 Onwards the focus should be on the *Preparation for Adulthood Outcomes*; employment; independent living; community inclusion; health.** |
|  |

1. **Additional Comments** (Only complete if appropriate.)

|  |
| --- |
| Record discussion points and any significant changes in Child/Young Person’s circumstances. |
|  |

1. **Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| The following questions **MUST** be asked and supporting comments recorded below if appropriate. | | | |
| Question | Yes | No | Comments |
| Is the EHCP/Statement still relevant? |  |  |  |
| Should the Local Authority continue to maintain the EHCP/Statement? |  |  |  |
| Are there any needs recorded on the Statement/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/Statement? *If ‘Yes’ please give details and attach evidence eg Medical report.* |  |  |  |

1. **Actions**

|  |  |  |
| --- | --- | --- |
| Action | By Whom | Time Scale |
|  |  | By: |
|  |  | By: |
|  |  | By: |
|  |  | By: |

Report completed by:

Print Name:

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Designation:

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**.