Statutory Annual Review Report (from year 9)

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

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| **Child/Young person information** |
| **Students Name** |  | **Date of review** |  |
| **Date of birth** |  | **School/setting** |  |
| **NCY** |  | **Is this pupil taught out of phase?** | Yes: [ ]  No: [ ]  |

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| **Parent/Carer information** |
| **Parents/Carers** |  | **Telephone number** |  |
| **Home address** |  | **Email Address** |  |

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| **Social care information** |
| **Is this CYP a Looked After Child or previously LAC or special guardianship?**  |  Yes: [ ]  No: [ ] *If yes, what is their legal Status.* | **Is this child subject of a Child Protection/ Child in Need Plan?** | Yes: [ ]  No: [ ]  |
| **Social worker name** |  | **Contact information** |  |

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| **Invited to/attendance at Annual Review meeting**Were reports circulated to all invited 2 weeks in advance of the review meeting? Yes: [ ]  No: [ ]  |
|  | **Name** | **Role** | **Invited to review (Y/N)** | **Attended****(Y/N)** | **Contribution/ dated report attached.****(Y/N)** |
| **Child/Young Person:** |  |  |  |  |  |
| **Family Members:** |  |  |  |  |  |
| **Education Professionals:** |  |  |  |  |  |
| **Health Professionals:** |  |  |  |  |  |
| **Social care Professionals:** |  |  |  |  |  |
| **Other professionals:** |  |  |  |  |  |

**Recommendations for Amendments to the current EHCP**

Please advise below if there are any significant changes that need to be made to the current document that is being reviewed. (i.e. A new diagnosis, deteriorated physical capability, discharge from a service). Please provide relevant evidence.

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| **Amendments Requested to which Sections of the EHCP** |
| **A – Personal Details,****CYP & Parent/Carer Views** | [ ]  | **B – Special educational needs** | [ ]  |
| **C – Health** | [ ]  | **D – Social Care** | [ ]  |
| **E – Outcomes** | [ ]   | **F - Provision** | [ ]   |
| **G – Health Care Provision** | [ ]  | **H1and/or H2 - Social Care Provision** | [ ]  |
| **Amendments made on EHCP:**Remove information = ~~Strikethrough~~ New/updated information = **Bold** | Yes: [ ]  - *Only complete form from Progress and Attainment*  | No: [ ]  - *Complete all sections selected above, including from Progress and Attainment*  |

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| **Recommendation for a Change of Placement (Section I)** |
| **Is it recommended that the current placement is still appropriate?** Yes: [ ]  No: [ ] *If No, a Headteacher's report* ***must*** *be included, outlining the reasonable adjustments already made and why the school feel they can no longer deliver what the CYP requires. Please refer to the SEN Code of Practice when writing this report.* |
| **Is the CYP due to move school at the end of the next academic year?** Yes: [ ]  No: [ ] *(i.e. nursery, year 1 - infant school, year 5, year 10 and above for Post 16 annual reviews should be held by the summer term of the year before transfer and focus should be on the placement required for the phase transfer)*If yes, please indicate the parental/child/young person's preference for the next placement below. |
| **Name of School/Setting/FE Placement:** |  |
| **Date of expected transfer:** |  |
| If the young person no longer wishes to continue with Further Education, please provide information on their next steps: |  |

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| **Section B: Review of Special Educational Needs from current EHCP** |
|  | **Strengths**  | **Special educational needs** |
| **Communication and Interaction** | *Please add new Strength to be added to the EHCP.* | *Please cut and paste from current EHCP. If there are areas of need that no longer apply, please strikethrough.*  |
| **Cognition and Learning** |  |  |
| **Social, Emotional and Mental Health** |  |  |
| **Sensory and/or Physical Needs** |  |  |

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| **Section C – Review of Child/Young Person's Health Needs (If required)**Does the CYP receive ongoing services from any Healthcare professional? (e.g. Audiology, Ophthalmology) Please note this does not include Occupational or Speech and Language Therapy.. Include latest healthcare reports where available and recent diagnosis. |
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| **Is there a package of care in place funded by Continuing Health Care?** Yes: [ ]  No: [ ]  |

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| **Section D - Child/Young Person's Care Needs (If required)**If the CYP is known to Social Care, as outlined on the covering page, please provide details of their current care package. |
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| **Current Section E & F: Review of outcomes from EHCP**This section requires you to list the outcomes from the current document being reviewed, and to discuss and record the comments and the progress made by CYP towards each outcome. Consider whether each outcome being reviewed is still required. Have the outcomes been achieved? What needs amending? Any additional outcomes? **Parents & CYP views must be captured**. |
| **Section E - Outcome***(specify area of need relating too)* | **Section F - Provision** | **Please record views from annual review such as summary of progress as appropriate:** |
| 1. *Please cut and paste outcome from current EHCP here:*
 |  |  |
| ***Outcome Met:* [ ]**  |  **Outcome Not Met: [ ]**  | **Outcome partially Met: [ ]**  |
|  |  |  |
| ***Outcome Met: [ ]***  |  **Outcome Not Met: [ ]**  | **Outcome partially Met: [ ]**  |
|  |  |  |
| ***Outcome Met: [ ]***  |  **Outcome Not Met: [ ]**  | **Outcome partially Met: [ ]**  |
|  |  |  |
| ***Outcome Met: [ ]***  |  **Outcome Not Met: [ ]**  | **Outcome partially Met: [ ]**  |

***Please add further boxes for additional outcomes currently in the EHCP:***

***(to add further boxes please copy and paste below previous box.)***

**Update for Section E & F: New Outcomes to add to EHCP**

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| **Section E - Outcome***(specify area of need relating too)* | **Section F - Provision** | Involvement | Who will provide this? | How often will this need to happen? |
| **E** | **H** | **C** |  |  |
|  |  | [ ]  | [ ]  | [ ]  |  |  |
|  |  | [ ]  | [ ]  | [ ]  |  |  |
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| **Section G – Review of Child/Young Person’s Health Provision (If required)**This section sets out any health provision that is reasonably required by the learning difficulties or disabilities that result in Nom having special educational needs.  |
| **Outcome** | **What provision/support is needed to achieve the outcome?** | **Who is going to provide the support and how often will it be provided?** |
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| **Section H1 & H2 - Review of Child/Young Person’s Health Provision (If required)****Section H1**Describes any social care provision that mustbe made for Nom(disabled child or young person under 18) under section 2 of the Chronically Sick and Disabled Person’s Act 1970 (CSDPA). **Section H2**This section sets out details of any other social care provision reasonably required by the learning difficulties and disabilities that results in Nom having special educational needs. |
| **Outcome** | **What provision/support is needed to achieve the outcome?** | **Who is going to provide the support and how often will it be provided?** |
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| **Progress and levels of attainments**Provide further information when using own grading. Please indicate what year curriculum they are working within. If stating working towards, please indicate what year this is working towards |
| **SATS or Teacher Assessments** | **Previous assessments** | **Date of previous assessments** | **Current level of assessments** please provide school/college levels | **Date of current level of assessments** |
| Baseline assessment |  |  |  |  |
| End of key stage 3 assessment  |  |  |  |  |
| Reading |  |  |  |  |
| Writing |  |  |  |  |
| Comprehension |  |  |  |  |
| Mathematics |  |  |  |  |
| Science |  |  |  |  |
| OthersPlease specify e.g. Vocational Qualifications/GCSEs etc |  |  |  |  |

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| **Please comment on the CYP attainments and progress in relation to their baseline and age-related expectations/majority of their peers.**  |
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| **How is the funding currently used to meet the child/young person's special educational needs?**Settings receive funding attached to an EHCP to deliver the provision outlined in that document. Settings are therefore expected to keep comprehensive records of the interventions in place for each CYP with an EHCP. Please provide details of the support being provided, with clear description and quantification.(i.e. Social skills programme, 1 hour per week in a group of 3 children and 1 adult/TA scribe during literacy lessons, 5 hours per week/TA supported movement breaks, every 30 minutes, throughout the day).**You may find it easier to supply a provision map to evidence how the funding is being used.** |
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| **Year 9 and above**Preparing for Adulthood, Employment, Independent Living and Participation***Please ensure that what has been identified throughout this section is considered and reflected on when developing Outcomes*** |
| **What are my hopes and aspirations for when I finish my education and/or training?** |
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| **To achieve this, what do I need? Please tick (🗸) all that are appropriate:** |
| Life skills |  | Housing benefit |  |
| Managing money |  | Supported living |  |
| Relationships |  | Training |  |
| Participation in the local community |  | Support to remain living in my family/present home |  |
| Employment |  | Further education |  |
| Personal care |  | Adult health support |  |
| How to stay safe |  | Sport and leisure |  |
| Independent travel |  |  |  |
| **What help do I need to make a smooth transition into adulthood? For example, moving into college, advocate, developing skills for independence, independent travel training.** |
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| **Do I think I will need support after my 18th Birthday from Adult Social Care or Health?** | Yes: [ ]  No: [ ]   |
| If Yes what support do I think I need? |
| **Is the Young Person at risk of being NEET (Not in Education, Employment or Training) when they leave school/education?** | Yes: [ ]  No: [ ]  |

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| **Looked After Children/Young People** |
| **Is the Young Person likely to need support Post-16?** | Yes: [ ]  No: [ ]  |
| **Has a Pathway Plan for leaving care been developed?** | Yes: [ ]  No: [ ]  |
| **Has a Personal Advisor for leaving care been identified?***If yes, please provide name and contact details*:  | Yes: [ ]  No: [ ]  |
| **Name:** |  |
| **Telephone No.:** |  |
| **Email Address:** |  |

**Recommendations to the Local Authority (LA) following Annual Review Meeting** **Is it recommended to cease to maintain the EHCP?** Yes: [ ]  No: [ ]  If yes, it is recommended that their needs can be met within SEN Support**Is it recommended that the EHCP remain appropriate?** Yes: [ ]  No: [ ] **Is it recommended that the EHCP is amended?** Yes: [ ]  No: [ ]  |

**Actions and Responsibilities Arising from the Annual Review Meeting**

e.g. setting, parents, other professionals

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| **Actions** | **By who**  | **By when** |
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| Signed: |  | Designation |  |
| Print Name: |  | Date: |  |

Please send copies of this Annual Review Report and supporting document to:

1. Parent/Carer/Young Person
2. SEND Services - send via email to: senannualreviews@hillingdon.gov.uk

or Postal Address:
London Borough of Hillingdon
Disability Services
4E/05 Civic Centre
Uxbridge
Middlesex
UB8 1UW

1. All others invited to the review meeting e.g. Educational Psychology Service, Sensory Intervention Team, Therapy Services, Social Care, Medical professionals and others.

**Please send this to parents within the paperwork 2 weeks prior to the annual review. the CYP and Parent/Carer's views . Updated views must be completed for each Annual Review from the parent/carer or/and young person. Should the young person not be able to articulate the below, please submit drawings or creative contributions from the student.**

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| **Section A: Review of Child/Young Person and Parent/Carer views** |
| **XXX Life story to date** *(including relationships)* |
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| **XXX interests, likes and dislikes** |
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| **How xxx likes to communicate and be involved in making decisions** |
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| **xxx's hopes for the future** *(including education, play/leisure/sport, health, friendships, further education/adult life/independent living)* |
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| **XXX's parents'/carers' views about his/her special educational needs and their hopes for the future** |
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