

## ANNUAL REVIEW OF EDUCATION HEALTH AND CARE PLAN

<b>Name:</b>		<b>DOB:</b>	
<b>Current Address:</b>		<b>School:</b>	
<b>Current year group:</b>		<b>Date of Meeting:</b>	
<b>PLASC Need</b>		<b>Current Funding Level:</b>	
<b>Attendance% for the previous academic year:</b>		<b>Attendance % for Current Academic year:</b>	

EHC Plans should be used to actively monitor children and young people's progress towards their outcomes and longer-term aspirations. They must be reviewed by the local authority as a minimum every 12 months. The review must also consider whether these outcomes and supporting targets remain appropriate.

Reviews must be taken in partnership with the child and their parent or the young person, and must take account of their views, wishes and feelings, including the right to request a Personal Budget.

This will help to inform North Somerset Council of what will need to be recorded into their Education Health Care plan, or the review meeting can make recommendations to cease the current EHC Plan for the following reasons:

- Where a young person is not continuing into education or training or,
- Where the EHC Plan Outcomes have all been achieved and the young person no longer requires an Education, Health and Care Plan
- We want to know what worked well over the last year and what could have been better.
- We need everyone invited to help fill out this form.

Name	Status	Present at the Review		Report Received		Invited to the Review
		Yes	No	Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Checklist

Please complete this checklist before submitting the paperwork	Please tick
Have you completed all sections of this review, including PLASC need and current funding levels?	
Have you included all of the relevant reports that have been referred to?	
Have you included comments from parents?	
Have you included views of the pupil?	
Have you agreed a recommendation at the meeting and completed the summary section?	
Has the annual review been signed by the headteacher?	
Is the pupil in receipt of Pupil Premium?	
Is the Young Person Looked After?	
If yes, specify to which local authority?	
Is the recent PEP included?	
For pupils in Year 9 and above, there has been a focus on Preparing for Adulthood.	
<b>For LA use only:</b>	<b>Date:</b>
Annual review paperwork received (date stamp)	
Annual review entered on Capita v.4	
Date of notification of decision (within 4 weeks of the meeting)	
Reviews <b>must</b> be undertaken in partnership with the child and their parent or the young person, and must take account of their views, wishes and feelings, including their right to request a Personal Budget.	

<p>Parent's/Carer's views <i>(to be sought before the annual review meeting)</i>.</p>	<p>****Please use attached form or your schools alternative****</p>
<p><i>Pupil's views on their progress and the provisions made for them</i></p> <p>****Please use attached form or your school's alternative****</p>	

**To be completed two weeks before the scheduled Annual review and sent out to all parties.**

Please describe the progress made since the last review and areas that continue to be barriers. This should include all sections of the EHC Plan including health and social care.

**Learning – Description of progress and ongoing concerns**

**Communication – Description of progress and ongoing concerns**

**Social Emotional and Mental Health - Description of progress and ongoing concerns**

**Physical, Vision and Hearing Needs impacting on Education - Description of progress and ongoing concerns**

**My Independence – self-help skills, independent living skills. Description of progress and ongoing concerns**

**My Health Needs**

**General Health / Hearing / Vision / Physical - Description of progress and ongoing concerns**

**My Care Needs – this is for social care involvement. Description of progress and ongoing concerns**

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**Pupil’s attainment – THIS MUST BE COMPLETED FOR ALL PUPILS**

**Please provide three years of academic levels or equivalent. (Please explain levels so that it is clear whether any progress has been made or not).**

NCY	Maths	English		Science
	Overall Levels	Reading	Writing	Overall Levels
Year				
Year				
Year				

**Results of standardised tests/progress over time**

NCY	Reading (include name of test/s <b>Standardised score or age equivalent Please give date tested</b> )	Spelling (include name of test/s <b>Standardised score or age equivalent Please give date tested</b> )
Year		
Year		
Year		



**Short Term targets** Review the previous interim targets in place to work towards meeting the outcomes in the EHCP  
These targets should be SMART (Specific, measurable, achievable, realistic and time limited)

**Outline the interim targets** (to work towards meeting outcomes in the EHCP) for the coming year.  
These targets should be SMART (Specific, measurable, achievable, realistic and time limited)

***In the next section you will need to link existing outcomes to North Somerset's Joint Outcome themes. Please refer to the JOINS guidance for clarification of the four areas***

**Review of outcomes in current plan – To be populated before the review and then completed at the meeting (add more rows depending upon number of outcomes needed.**

Area of Need	Outcomes (quote directly from Section E of EHC Plan	Specify which of the four themes the outcome fits under	Has the Outcome been met within timescale? Using the below scale 4 = exceeded, 3 = Met, 2 = on track 1= not on track	Evidence for how the outcome has been rated
Learning				
Communication				
Social Emotional, Mental Health				
Independence				

**For Year 9 and above, include at least one outcome must be completed for:**

- **Education, training or employment**
- **Independent living**
- **Participating in society**
- **Health**

Impact of provision in EHC plan on supporting the Outcomes–

**What are the recommended updated outcomes, if required?**

**These Outcomes should be SMART (Specific, measurable, achievable, realistic and time limited) and provision needs to be specific and quantified and based on assessment needs.**

<b>Need (from EHCP)</b>	<b>Proposed Outcome (Specify which outcome theme it comes under)</b>	<b>Proposed Provision</b>

<b>Review of Health provision to meet outcomes in current plan</b>				
Area of Health Need	Link to <b>SECTION E</b> of EHCP <b>Desired Outcome within EHCP</b>	Specify which of the four themes the Outcome fits under	Has the Outcome been met within timescale? Using the below scale 4 = exceeded, 3 = Met, 2 = on track 1= not on track	Evidence for how the outcome has been rated
<b>Impact of provision on supporting the outcomes</b>				

<b>What are the recommended updated outcomes, if required</b> <b>These Outcomes should be SMART (Specific, measurable, achievable, realistic and time limited)</b>		
<b>Need (from EHCP)</b>	<b>Proposed Outcome- Specify which outcome theme it comes under</b>	<b>Proposed Provision</b>

<b>Review of Social Care provision to meet outcomes in current plan</b>				
<b>Area of social care need</b>	<b>Link to SECTION E of EHCP Desired Outcome within EHCP</b>	<b>Specify which of the four themes the outcome fits under</b>	<b>Has the Outcome been met within timescale? Using the below scale 4 = exceeded, 3 = Met, 2 = on track 1= not on track</b>	<b>Evidence for how the outcome has been rated</b>
<b>Impact of provision on supporting the outcomes</b>				
<b>What are the recommended updated outcomes, if required. These Outcomes should be SMART (Specific, measurable, achievable, realistic and time limited)</b>				
<b>Need (from EHCP)</b>	<b>Proposed Outcome- Specify which Outcome Theme it comes under</b>		<b>Proposed Provision</b>	

Is a personal budget arrangement in place?

If Yes, please detail how this is supporting the child/young person to meet the outcomes in the EHCP.

Do adjustments need to be made? (Please complete separate Personal Budget Forms available from SEN team)

**Views of other relevant professionals.**

**For young people aged over 18, have the educational or training outcomes specified in the EHCP been achieved?**

Yes

No

**For learners in Post 16 education, what is the intended destination for next academic year?**

**Have there been any changes to Child's or Young person's needs that means an updated transport journey care plan needs to be completed.**

Yes

No

**Year 9 and above, have you discussed transport arrangements for Post 16 options? There should be no assumption that transport will be agreed.**

Yes

No

**Recommendations to the Local Authority:**

**Please note that these are only recommendations.** The Local Authority will make the final decision regarding any changes to the EHCP, support or placement.

Are you recommending changes to this EHCP?	Yes	No
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If yes please complete the below: (If you are recommending a change of wording, please enclose an annotated copy of the existing plan with suggested changes clearly noted.

Have there been any changes to the child's Needs as specified in Section B, C or D? If Yes, please give details and attach written reports or evidence upon which any amendments can be based	Yes	No
Should there be any changes to the Outcomes currently identified in Section E of the Plan? New Outcomes should be detailed in the Outcome section of the Annual review document	Yes	No
Should there be any changes to the support currently identified in Section F, G or H of the Plan? If Yes, please give details and attach written reports or evidence upon which any amendments can be based where appropriate	Yes	No

Should the local authority cease to maintain the EHCP	Yes	No
Please give details, including when the EHC Plan should cease (e.g. end of the academic year).		
Is the parent or young person requesting access to a personal budget?	Yes	No
If yes please give details: n/a		



Is there a recommendation for a change of school placement?	Yes	No
Please explain your reasons for this recommendation:		
For students in year 11 which placement options are being requested for post 16		

For special school placements only:		
Would this pupil benefit from a dual placement with a mainstream school?	Yes	No
Give brief reasons:		
Does everyone at the review agree with the above recommendations?	Yes	No
If not, please provide different views below.		

Please summarise any key action points from the review together with the person responsible. This must be someone in attendance at the review or someone whose permission you have sought prior to the review.

Action Needed	Person Responsible	By When

Completed by	
Signed by Headteacher:	

**Education, Health and Care Plan Review To be sent out two weeks before the Annual review with the first Section Annual review paperwork.**

**Annual Review – Parent / Carer’s views**

<b>Pupil’s name:</b>	<b>Date of Birth:</b>
<b>Proposed meeting date and time:</b>	
Your views should be returned to	by (date)
<p>You are invited to provide your views before the annual review meeting. Staff and professionals from outside the educational setting who are involved in meeting your child’s needs will also be invited to provide advice. All the information received will be circulated to everyone involved before the meeting. The written advice will be used as the basis for the discussion at the meeting. If you wish to express your views in a different way please do so e.g. in a letter.</p>	
<p>1 What is your view of the child’s progress over the last year?</p>	

2 Have there been any factors which may have affected his or her progress? For example: illness, moving house

3 Do you feel that your child's needs have changed from the description in the EHCP?

4 What do you think your child should concentrate on in the next year?

5 Are there any particular questions you wish to discuss at the meeting?

Signed.....

Date.....