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| Education, Health and Care Plan  Annual Review Meeting Record  (EYFS to KS3) |

*This report will be provided with EHC Plan clearly showing any tracked changes and where appropriate will be listed in section K.*

The Annual Review date is the date of the meeting, so the next review must be held within 12 months of the last Annual Review meeting date.

This review must focus on the child’s progress towards achieving the

outcomes specified in the EHC plan and whether outcomes and supporting targets remain

appropriate.

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| Name & Date of Birth of child / young person (CYP): |  |
| Current year group of CYP: |  |
| Date of Annual Review |  |
| Unique Pupil Number (UPN): |  |
| Unique Learner Number (ULN): |  |
| Are there any changes to the child’s personal details? If yes, please specify what they are: |  |
| Overall, is the child making expected progress towards achieving their EHC Educational Outcomes in Section E? | Expected  Exceeding  Below |
| Has there been an agreed (medical/health) care plan completed and signed? | Yes  No  *(For transition years, please include a copy)*  Date signed: ……………………………….. |
| Have you sought any additional professional advice or input over the last year? For example – following a number of fixed term exclusions. | Yes  No  If Yes, attach the report or give details of advice |
| ATTAINMENT & PROGRESS - Please give details of current attainment and rates of progress. Remember you must provide a comment in relation to the child’s *rates* of progress (not just attainment). The setting must provide a commentary in terms of the child’s rates of progress compared to their starting points.  Please use the space provided here or attach attainment and progress monitoring data. | |
| *Early Years Settings: Please use Early Years Foundation Stage Profile measures.*  *Schools: Levels of Attainment & Progress: Please provide details and explanation of attainment measures, where you are using your own system.*  *Comment on progress:* | |

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| What has been working well this year? *(what areas of progress have been made, what has child enjoyed?)* |  |
| Have all of the outcomes in the plan been met? | Yes  No  *If yes, please consider this a significant change and ensure new suggested outcomes are a tracked or highlighted change on the child’s EHCP* |
| If the outcomes have not been met, are they still relevant? | Yes  No  *If no, please consider this a significant change and ensure new suggested outcomes are a tracked or highlighted change on the child’s EHCP* |
| Is any significant change to any outcome(s) needed at this stage? | Yes  No  *If yes, please ensure this is a tracked or highlighted change on the child’s EHCP* |
| Does the special educational provision being made for the child remain effective in ensuring that they are making progress towards their outcomes and in relation to their special educational needs? | Yes  No |
| If not, are there requests for significant change in provision in section F | Yes  No  *If yes, please consider this a significant change and ensure changes are tracked or highlighted on the child’s EHCP* |
| Does the EHC Plan still accurately describe the child needs? | Yes  No  *If no, please consider this a significant change and ensure changes are tracked or highlighted on the child’s EHCP* |
| Can they travel independently? | Yes  No  *If no, and they are now in Key Stage 3, please describe what is being done about this so that they are working towards being able to travel independently:* |

PARENT/CARER/CHILD Questions:

Please think about what you/your child would need for the future. *(For example, in terms of being independent in the workplace, being able to organise and prepare themselves ready for the start of the day and doing this with less reliance on adults to support them.)*

*Has the child had support to give their views?* Yes  No

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| Has the support you / your child person has received over the past year helped them to make progress? | |
| Child views | |
| Parent/carer views | |
| Is there any change to child/Parent/Carer details? | Yes  No |
| Please confirm that the child address and contact email is correct on the most recent EHC Plan? | Yes  No |
| Please make clear if there are any restrictions on disclosing information for safeguarding purposes e.g. if there is somebody who shouldn’t know the address or who shouldn’t have contact with the child? | Yes  No  If Yes, please provide details of any data sharing restrictions below  (as well as a copy of any court orders) |
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| Have there been significant changes to Section A (All about me) that have been tracked as changes on the EHC Plan? | Yes  No |
| Are there requests for significant amendments [[1]](#footnote-2)to the EHC Plan where a significant level of additional provision may be needed? | Yes  No |
| Have there been any changes to medication/health needs/new diagnosis? | Yes  No  If Yes, please provide details below |
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| Is there a request for a change of placement from the Parents/Carer? | Yes  No |
| If yes, please give reasons and the name of the preferred setting: |  |
| Is there a request for statutory reassessment as there has been a significant change to education, health or social care needs? (e.g. following a Road Traffic Accident, a child’s primary need changes from SEMH to PD). | Yes  No |
| Is there a request for a personal budget? | Yes  No  If Yes, please provide details below |
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| Request for EHC Plan to cease? (e.g. where the young person has met their educational outcomes, they have or are moving into employment or an adult pathway/special education provision no longer needs to be made for them through an EHC plan) | Yes  No |
| Name and role of parent/carer completing this information for the Annual Review: |  |
| Date of completion by parent/carer: |  |

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| Please record any disagreement below: |
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| Please record any additional comments not covered elsewhere: |
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| Name of person at setting completing Annual Review Record: |  |
| Role: |  |
| Signature: |  |
| Date of the meeting: |  |
| |  |  |  | | --- | --- | --- | | Person(s) attending the review | | | |  | Names | Role | | Child: |  |  | | Parent/Carer: |  |  | | Setting: |  |  | | LA SEN Officer (if applicable): |  |  | | Other(s) |  |  | | |
| Essential information checklist | |
| Have you collected parent/carer views and incorporated them into this form? | Yes |
| Have you collected child’s person views and incorporated them into this form? | Yes |
| Have you commented on attainment and progress and incorporated it into this form? | Yes |
| Any supporting documents if significant amendments are being requested | |
| EHCP (with requests for changes highlighted or tracked changes) | Yes |
| This year’s evaluated Individual Education Plans (IEP) or equivalent. | Yes |
| Other evidence – please list |  |

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| Completed forms and any additional supporting reports should be sent by email to the Enfield SEN Team at [SENannualreviews@enfield.gov.uk](mailto:SENannualreviews@enfield.gov.uk) within two weeks of the Annual review meeting.  A copy of this completed form and supporting documentation must be sent to everyone invited to the meeting by the meeting chair. |

1. Significant amendments consist of a change of need following a formal diagnosis, significant change to presenting behaviours, a change to an outcome (supported by professional evidence). [↑](#footnote-ref-2)