|  |
| --- |
| Education, Health and Care PlanAnnual Review Meeting Record(Key Stage 4 and above)  |

*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 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 young person’s progress towards achieving the

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

appropriate. The EHC plan review at Year 9, and every review

thereafter, must include a focus on Preparing for Adulthood.

|  |  |
| --- | --- |
| Name & Date of Birth of young person (YP): |  |
| Current year group of YP: |  |
| Date of Annual Review |  |
| Unique Pupil Number (UPN) |  |
| Unique Learner Number (ULN) |  |
| Are there any changes to the young person’s personal details? If yes, please specify what they are: |  |
| Overall, is the YP 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 YP’s *rates* of progress (not just attainment). The setting must provide a commentary in terms of the YP’s rates of progress compared to their starting points. Please use the space provided here or attach attainment and progress monitoring data. |
| *Schools: Levels of Attainment & Progress: Please provide details and explanation of attainment measures, where you are using your own system.**Colleges: Levels of Attainment & Progress: Please provide details on course levels/programme or College’s own attainment measures as appropriate. How far are they on their course/programme i.e. 1 of 1 year, 1 of 2/3 years, 2 of 2 years, 2 of 3 years**Comment on progress:* |

|  |  |
| --- | --- |
| What has been working well this year? *(what areas of progress have been made, what has YP 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 YPs 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 YPs 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 YPs EHCP*  |
| NB: Where this is Year 9 or Year 11 onwards, you must have included/amended a transition outcome which reflects preparing for adulthood. *(Education and employment, Independence, Friends, relationships and community involvement and Health & well-being)* |
| Does the special educational provision being made for the YP 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 YPs EHCP* |
| Does the EHC Plan still accurately describe the YP needs? | Yes [ ]  No [ ]  *If no, please consider this a significant change and ensure changes are tracked or highlighted on the YPs EHCP* |

|  |  |
| --- | --- |
| What are the young person’s aspirations for post 16 education?*(Please ensure this is the view of the Young Person)* | FE College [ ]  \*6th Form [ ]  \*Apprenticeship [ ]  Supported Internship [ ]  Other *(please detail below)* [ ] \*Where there is a change of educational setting e.g. FE, please specify if known: College/6th form:Course of interest:  |
| Is this YP on target to achieve at least a Grade 4 in GCSE English & Maths (or equivalent) | Yes [ ]  No [ ]  |
| *If no, what can be considered to get them there? Please detail:* |
| If they are unlikely to attain a Grade 4 in GCSE English & Maths, despite intervention, has the setting discussed Level 1, Functional Skills or Pre-entry courses in consultation with the young person? | Yes [ ]  No [ ]  |
| Has a careers discussion been held by the school’s careers advisor to discuss post-16 options? *(statutory duty under section 42A of the Education Act 1997)* | Yes [ ]  No [ ] *If no, confirm when this will be arranged.*Date advice to be sought by: |
| Can they travel independently?  | Yes [ ]  No [ ] *If no, please describe what is being done to support them with this so that they are working towards being able to travel independently:* |

PARENT/CARER/YP 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 young person had support to give their views?* Yes [ ]  No [ ]

|  |
| --- |
| Has the support you/your child has received over the past year helped them to make progress?  |
| YP views  |
| Parent/carer views  |
| Is there any change to YP/Parent/Carer details? | Yes [ ]  No [ ]   |
| Please confirm that the YP 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 YP? | Yes [ ]  No [ ] If Yes, please provide details of any data sharing restrictions below (as well as a copy of any court orders) |
|  |
| 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 |
|  |
| Is there a request for a change of placement from the YP/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 YP’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 |
|  |
| 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/young person completing this information for the Annual Review: |  |
| Date of completion by parent/carer/young person: |  |

|  |
| --- |
| Please record any disagreement below: |
|  |

|  |
| --- |
| Please record any additional comments not covered elsewhere: |
|  |

|  |  |
| --- | --- |
| Name of person at setting completing Annual Review Record:  |   |
| Role: |  |
| Signature: |  |
| Date of the meeting: |  |
|

|  |
| --- |
| Person(s) attending the review |
|  | Names | Role |
| YP:  |  |  |
| 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 young 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 |  |

|  |
| --- |
| Completed forms and any additional supporting reports should be sent by email to the Enfield SEN Team at pfa@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)