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| **Annual Review Meeting**  **of an EHC Plan** |

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| **Basic Details:** | | | |
| **Name of Student:** |  | **Date of Birth:** |  |
| **Present Setting:** |  | **Year Group:** |  |
| **Date of EHC Plan:** |  | **Matrix Funding:** |  |
| **Date of previous Review Meeting** |  | **Type of Review** | **Annual**  **Transition/key stage**  **Interim/Emergency** |
| **Date of this Review Meeting:** |  |

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| **Names and roles of people invited to attend this Annual Review Meeting** | | | |
| **Name** | **Role** | **Attended**  **Yes/No/Apologies** | **Report Date** |
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| **Name of person completing paperwork:** | |  | | |
| **Role of person completing paperwork:** | |  | | |
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| *Please complete this document and all contributing reports to the SEN Team* [*senteam@dudley.gov.uk*](mailto:senteam@dudley.gov.uk) *as soon as possible but no later than* ***2 weeks*** *from the date of the Annual Review Meeting*  *(and before the end of term if this is sooner)* | | | | |

**All About Me**

**My One Page Profile**

**What people like and appreciate about me:**

**What is important to me:**

**My future dreams and aspirations:**

**Things I find difficult:**

**Or things I don’t like**

**Things I like:**

**What my Family think**

**How to communicate with me:**

**How to support me:**

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| **What is working well at home and at school?** |  | **Who is in my family?** |  | **What is important to us now?** |
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| **What is not working well at home and at school?** |  | **Who else is important to my child?** |  | **What will be important in the future?** |
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**People working with me during the last 12 months:**

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| **Name:** |  |
| **Professional role:** |  |
| **Contact number and Email:** |  |
| **Dates of contact:** |  |

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| **Name:** |  |
| **Professional role:** |  |
| **Contact number and Email:** |  |
| **Dates of contact:** |  |

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| **Name:** |  |
| **Professional role:** |  |
| **Contact number and Email:** |  |
| **Dates of contact:** |  |

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| **Contact number and Email:** |  |
| **Dates of contact:** |  |

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| **Name:** |  |
| **Professional role:** |  |
| **Contact number and Email:** |  |
| **Dates of contact:** |  |

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| **Summary of SEN needs: See EHCP and add as necessary** |
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| **New SEN diagnosis/needs identified within the last 12 months (Reports MUST be attached):** |
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| **Current barriers to learning:** |
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**Current Attainment**

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| **Education Attainment and Achievement (Section B of EHCP)** | | | | | |
| Give details of progress that the child/young person has made since the last review. Include current attainment for core areas (reading, writing, SPAG, numeracy, English, maths) as appropriate to the key stage/phase. Please also include the most recent end of key stage attainment data.  For 0-5 please include attainment against the EYFS ‘Birth to 5 Matters’ clearly using evidence identifying at what stage of development the child is currently achieving.  For post 16 please provide levels and details of any progress towards vocational qualifications and or study programmes. | | | | | |
| **Early Years/Primary**: Results of standardised reading/spelling tests | | | | | |
| Name of Test: |  | | Date of Test: | |  |
| Reading Age | Standardised Score | Chronological Age | Year group working at or DAPA level | Progress since last review | |
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| Spelling Age | Standardised Score | Chronological Age | Year group working at or DAPA level | Progress since last review | |
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| Maths Age | Standardised  Score | Chronological  Age | Year group working at or DAPA level | Progress since last review | |
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| **Secondary Key Stage 3 and 4** | | | | |
| Subject | Level of Study | Predicted Grade | Current Grade or DAPA level | Comments/Progress |
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| **Post 16 Study** | | | | |
| Course Title | Level of Study | Predicted Grade | Current Grade | Comments/Progress |
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| **My Achievements in the last 12 months:**  Please describe what you can do now that you couldn’t do 12 months ago | |
| Personal |  |
| Academic |  |
| Social |  |
| Independence |  |

**Health Needs and Health provision- This section must specify any health needs which relate to the child or young person’s special educational needs – All new diagnosis must be accompanied by evidence**

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| **Diagnosis/Need** | **Date Diagnosed** | **Health Professional Intervention/Direct therapy schedule** | **Impact within Educational Setting** | **Impact outside of educational setting** |
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**NO CHANGES Tick if applicable**

**Review of social Care needs and Provision**

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| Detail all relevant social care needs - review current EHCP section D and add/remove information as appropriate. | |
| Please provide an update on your child’s social care needs:  Have your child/young person’s needs changed? Is there any changes such as your child’s behaviour or general wellbeing, changes to the impact upon the family at home, or have things improved since the last review?  What is currently being provided; include involvement of social care professionals or Early Help interventions?  What are the expected outcomes from the support that is in place?  Does the child/young person access non-assessed services such as activities/groups at school or within the local community?  Are parents aware of the DUDLEY LOCAL OFFER and do they access it for groups/information/support? | |
| **Detail all Social Care/Targeted Early help intervention currently in place** (Include personal budgets for assessed needs, direct support from social care, early help, other agencies, Preparing for adulthood & independent living etc) | |
| Detail what social care / early help provision is currently in place. | Outcomes to be achieved from provision (Please use Care plan/early help plan) |
| **H1**: Provision which must be made for a child or young person resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970 CSPDA |  |
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| **H2:** Section H2 must only include services which are not provided under Section 2 of the CSPDA. This includes residential short breaks and services provided to children arising from their SEN but unrelated to a disability |  |
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| **Review of Outcomes (Section E of EHCP)**  **PLANS WILL ONLY BE AMENDED WHERE SIGNIFICANT CHANGES ARE EVIDENCED** |
| **Long-term** – Please copy the long-term outcomes from Section E of the current EHCP and review below |

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| **Long Term Outcome 1**  (Copy from Section E of EHCP) |  |
| Has outcome been achieved? (Yes/No/Partially) |  |
| Evidence of progress towards achieving outcome |  |
| Recommendation for outcome  (Remain/Amend/Remove)  If amend, please detail. |  |
| Please identify 2 new steps/12 month targets related to this long term outcome  (These will be used by the school over the next 12 months as part of the Plan Do Review Cycles) | Plans will NOT be amended for these steps.  1)  2) |

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| **Long Term Outcome 2**  (Copy from Section E of EHCP) |  |
| Has outcome been achieved? (Yes/No/Partially) |  |
| Evidence of progress towards achieving outcome |  |
| Recommendation for outcome  (Remain/Amend/Remove)  If amend, please detail. |  |
| Please identify 2 new steps/12 month targets related to this long term outcome (These will be used by the school over the next 12 months as part of the Plan Do Review Cycles) | Plans will NOT be amended for these steps.  1)  2) |

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| **Long Term Outcome 3**  (Copy from Section E of EHCP) |  |
| Has outcome been achieved? (Yes/No/Partially) |  |
| Evidence of progress towards achieving outcome |  |
| Recommendation for outcome  (Remain/Amend/Remove)  If amend, please detail. |  |
| Please identify 2 new steps/12 month targets related to this long term outcome (These will be used by the school over the next 12 months as part of the Plan Do Review Cycles) | Plans will NOT be amended for these steps.  1)  2) |

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| **Long Term Outcome 4**  (Copy from Section E of EHCP) |  |
| Has outcome been achieved? (Yes/No/Partially) |  |
| Evidence of progress towards achieving outcome |  |
| Recommendation for outcome  (Remain/Amend/Remove)  If amend, please detail. |  |
| Please identify 2 new steps/12 month targets related to this long term outcome (These will be used by the school over the next 12 months as part of the Plan Do Review Cycles) | Plans will NOT be amended for these steps.  1)  2) |

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| **Long Term Outcome 5**  (Copy from Section E of EHCP) |  |
| Has outcome been achieved? (Yes/No/Partially) |  |
| Evidence of progress towards achieving outcome |  |
| Recommendation for outcome  (Remain/Amend/Remove)  If amend, please detail. |  |
| Please identify 2 new steps/12 month targets related to this long term outcome (These will be used by the school over the next 12 months as part of the Plan Do Review Cycles) | Plans will NOT be amended for these steps.  1)  2) |

*\*Please add/remove boxes as required.*

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| **New Key Stage Outcomes (Section E of EHCP)** |
| **If the annual review is at the end of a Foundation Stage or Key Stage new long term outcomes must be agreed** (only complete if appropriate)  From year 9, outcomes must relate to Preparing For Adulthood (PFA) |

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| **Long Term Outcome 1** |  |
| Please identify 2 new steps/12 month targets related to this long term outcome |  |
| Provision required to meet this outcome  (Section F of EHCP) |  |

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| **Long Term Outcome 2** |  |
| Please identify 2 new steps/12 month targets related to this long term outcome |  |
| Provision required to meet this outcome  (Section F of EHCP) |  |

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| **Long Term Outcome 3** |  |
| Please identify 2 new steps/12 month targets related to this long term outcome |  |
| Provision required to meet this outcome  (Section F of EHCP) |  |

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| **Long Term Outcome 4** |  |
| Please identify 2 new steps/12 month targets related to this long term outcome |  |
| Provision required to meet this outcome  (Section F of EHCP) |  |

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| **Transition/Moving on arrangements** (only complete if appropriate) |
| If the child/young person is moving to a new educational setting please outline any transition plans, including actions and timescales. Identify any additional support that may be needed during transition e.g. any adaptations or specialist equipment.  If leaving education, please detail the transition arrangements and intended outcomes such as employment etc. |
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*\*Please add/remove boxes as required.*

**If transport to/from provision is provided for this child, is it still required: Yes/No**

*\*Delete as appropriate. Any new enquiries for new provision should be made by school to Transport Services.*

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| **Parental Preference in Provision:** | | |
| **Transfer Phase of school/setting** | **Parental / Carer**  **preference** | **Child or Young Person’s**  **preference** |
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| Early Years provider to school (Nursery to Reception) |  |  |
| Primary School to Secondary School (Year 5) |  |  |
| Secondary School to Post 16 setting or Apprenticeship |  |  |
| Secondary School or setting to Post 19 provision |  |  |

Additional Comments

Please note any additional comments relevant in this section.

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| **Summary/Setting Recommendation** (must be complete | |
| In-line with the child’s/young person’s progress, please make a recommendation to the Local Authority. | Tick **one** box only |
| 1. **Maintain – no amendments**   EHCP is still required and the placement, provision and outcomes remain  appropriate. No Significant Changes |  |
| 1. **Amend –** An EHCP is still required although **significant** amendments are needed. (Annotated EHCP must be attached). |  |
| 1. **Reassess -**The child’s/young person’s special educational needs have changed so significantly that a full reassessment may be necessary. |  |
| 1. **Cease -** 2. The child/young person no longer requires special educational provision to be made through an EHCP and has met or will meet their outcomes by the end of the current academic year. 3. The child/young person is electively home educated and no longer requires provision to be made through an EHCP. 4. The child/young person still requires a level of educational support which can be met through SEN support or FE high needs funding. 5. The young person is leaving education. |  |

**Signatures:**

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| **Child/Young Person** | | |
| **Name (please print)** | **Signature** | **Date** |
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| **Parent/Carer** | | |
| **Name (please print)** | **Signature** | **Date** |
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| **Key Worker/Lead Professional** | | |
| **Name (please print)** | **Signature** | **Date** |
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| **Headteacher/Principal** | | |
| **Name (please print)** | **Signature** | **Date** |
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| **This EHC Plan Review Report together with any other reports (including EHCP changes if required) and outcomes set for the coming year must be sent to everyone invited within two weeks of the meeting and must be emailed in WORD format to** [**SENTeam@dudley.gov.uk**](mailto:SENTeam@dudley.gov.uk) | | |