Please complete the form electronically and send it to the SEND department either via Children's Services Portal or secure email [**sen@worcestershire.gov.uk**](mailto:sen@worcestershire.gov.uk) **Paper copies can no longer be accepted.**

**ANNUAL REVIEW REPORT**

**Education, Health and Care Plan FOR THE ACADEMIC YEAR 20\_\_/20\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Educational Establishment: | |  | **Stage 1 - Learner Details** | | |
| Tel No: | Nature of Review: |  | Name: | | DOB: |
| SENCo/Review lead: | |  | Home Address: | | |
| EHCP issue date: | Date of Review meeting: |  |  | | |
|  |  |  |  | Postcode: | |
| Social Care Status: | |  | Name of Parents/Carers: **all as detailed on EHCP.** | | |
|  |  |  | Email Address: | | |
| Current NCY Group: | NCY Group offset? YES/NO  Chronological NCY: |  | Telephone Numbers; Home: | | |
| Mobile: | | |
| Attendance/percentage | \_ sessions out of \_ |  | Mobile: | | |

**Stage 2 – Recommendations of the Review (at a glance)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Does the Education, Health and Care Plan need to be maintained? YES/NO** | | | | | | | | | | | | | | | | | | | | |
| **Changes Required? YES/NO** | | | | **If changes are required please indicate clearly below to which Section of the EHCP they apply; please X all that apply.** | | | | | | | | | | | | | | | | |
| **Section:** | **A**  **Child Profile** | | **B**  **Educational Needs** | | **C**  **Health Needs** | | **D**  **Social Care Needs** | **E**  **Outcomes** | | | **F**  **Educational Provision** | **G**  **Health Provision** | | | **H1/H2**  **Social Care Provision** | | **I**  **Placement** | | **J**  **Personal Budget** | |
| **Changes:** |  | |  | |  | |  |  | | |  |  | | |  | |  | |  | |
| **If requesting changes to section I (placement) what is the name of the school/college/educational establishment being requested?** | | | | | | | | | | | | | | | | | | | | |
| **Progress: Please X the overall level of progress made by the individual student.** | | | | | | | | | | | | | | | | | | | | |
| **Below expected** | |  | | | | **Expected** | | | |  | | | | **Above expected** | | | |  | | |
| **Year 9 or above. Pleas indicate if the following preparing for adulthood topics have been discussed:** | | | | | | **Higher Education and/or employment** | | |  | **Independent living** | | |  | **Participating in society** | |  | | **Being healthy** | |  |

Stage 3 – Attendance and contributions to the current review (please make additions or deletions as necessary)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Attendees** | **Name** | **\*Email address – please provide an email address for all correspondents (if appropriate)** | **Attended review**  **Y or N** | **Written info**  **Y or N** |
| Learner |  |  |  |  |
| Parent / Carer |  |  |  |  |
| Parent / Carer |  |  |  |  |
| Head Teacher |  |  |  |  |
| SENCO |  |  |  |  |
| Class Teacher |  |  |  |  |
| Teaching Assistant |  |  |  |  |
| Specialist Teacher (specify) |  |  |  |  |
| Specialist Teacher (specify) |  |  |  |  |
| Health Service Representative |  |  |  |  |
| Occupational Therapist |  |  |  |  |
| Speech & Language Therapist |  |  |  |  |
| Physiotherapist |  |  |  |  |
| Social Care Representative |  |  |  |  |
| Educational Psychologist |  |  |  |  |
| Advice and Guidance |  |  |  |  |
| SEND Representative |  |  |  |  |
| Other |  |  |  |  |

**\*SEND will send all information electronically to school via Children's Services Portal and to all others via secure email, unless otherwise instructed.**

**Stage 4. Attainment and Achievement Evidence**

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| --- | --- | --- | --- |
| Please outline what progress the student has made since the last review. Please use any data to illustrate progression. You could include details of; teacher assessment data, results – SAT's, GCSE, AS, A2, NVQ, C&G or any other standardised testing that may be appropriate.  Please comment on the learners' strengths and continuing difficulties, including any significant changes. | | | |
|  | 12 months ago | Now | Expected progress? |
|  |  |  |

**Stage 5 Review of Progress and Provision:** against the Outcomes detailed in Section E of the EHCP

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcomes** | Achieved? | Evidence of **progress** towards achieving objective | Are the **provisions** detailed in Section F, G, H1 & H2 appropriate to ensure continued progression? Please provide any necessary details. |
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**(Please insert additional rows if required)**

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| Are the Outcomes in Section E still appropriate? YES/NO  *If the changes to the Outcomes are needed please specify the below. If Outcomes are changed significantly please ensure that corresponding detail of provision is provided for Section F. For significant changes, new wording will need to be supported with evidence, including other professional reports. Please make reference to sections in the review paperwork if appropriate.* |
| Is the current provision still appropriate (Section F)? YES/NO  *If a change of provision is needed to meet educational needs and to support a change of Outcomes (Section E) or as a result of KS transfer or requirement for special school or specialist centre; please record this here along with supporting professional advice. Please make reference to sections in the review paperwork if appropriate.* |

**The provider should devise an Individual Provision Map (IPM) which is linked to these outcomes. The IPM should include short-term educational targets to enable the student to achieve the outcomes specified in the Plan. These shorter-term targets should be updated at least annually at the Annual Review. Where appropriate, the provider should aim to obtain parental support for meeting one or more of the targets. 12-month outcomes will be removed from EHCP where applicable.**

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| --- | --- | --- |
| **Targets set at previous Annual Review/Transfer Review** | Has the target been met? | Evidence of how the target has been met or why it has not. If the target has not been met outline what the possible barriers may be and what action should be taken to overcome this, to ensure continued progression and achievement. |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |

**(Please insert additional rows if required)**

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| **Indicate how Teaching Assistant/ Support hours are used to support the pupil**  *Please attach an annotated timetable showing when and how TA and lunchtime supervisor hours are used, if appropriate* |

**Stage 6. LOOKING AHEAD, if year 9 or above please include details of preparation for adulthood.**

|  |  |
| --- | --- |
| **12-month targets set at this Annual Review** | Method of measuring success of target |
|  | Please include details of provision if appropriate |
| **Preparing for adult hood targets if appropriate** |  |

1. SUMMARY OF REVIEW MEETING, INCLUDING SIGNIFICANT CHANGES

|  |
| --- |
| Does the child/young person continue to need an EHCP? YES / NO  *Please give your reasons, referring to relevant evidence in the review paperwork* |
| Is the wording in Section A (Child Profile) of EHCP still appropriate? YES / NO  *If not, please indicate how it needs to be changed, or (if changes are significant) attach an annotated copy of the EHCP. Please make reference to child/parent views and sections in the review paperwork if appropriate.* |
| Is the wording in Section B (Educational Needs) of EHCP still appropriate? YES / NO  *If not, please indicate how it needs to be changed, or (if changes are significant) attach an annotated copy of the EHCP. If needs have changed significantly please ensure that corresponding detail of outcomes & provision is provided for Sections E & F. For significant changes, new wording will need to be supported with evidence from relevant Educational professional reports. Please make reference to sections in the review paperwork if appropriate.* |
| Is the wording in Section C & G (Health needs & Health provision) still appropriate? YES / NO  *If not, please indicate how it needs to be changed, or (if changes are significant) attach an annotated copy of the EHCP. If Outcomes are changed significantly please ensure that corresponding detail of provision is provided for Section G. For significant changes, new wording will need to be supported with evidence from relevant Health professional reports. Please make reference to sections in the review paperwork if appropriate.* |
| Is the wording in Section D, H1 & H2 (Social Care needs & provision) still appropriate? YES / NO  *If not, please indicate how it needs to be changed, or (if changes are significant) attach an annotated copy of the EHCP. If Outcomes are changed significantly please ensure that corresponding detail of provision is provided for Section H1 or H2. For significant changes, new wording will need to be supported with evidence from relevant Social Care professional reports. Please make reference to sections in the review paperwork if appropriate.* |
| Is the current placement still appropriate (Section I)? YES / NO  *If a change of placement is requested, please clearly outline the reasons why. If requesting a change of placement type supporting professional evidence will be required.* |
| Is the current personal budget still appropriate (Section J)? YES / NO  *If changes are required please specify below, with supporting professional reports as necessary.* |
| Transport:  Is the pupil in receipt of travel assistance? YES / NO  (If no please proceed to the next section)  **What type of travel assistance is provided? Direct Travel Payment (DTP)/Bus pass/minibus/taxi/other** (please specify)  **Is this type of transport still appropriate? YES / NO**  *If no please specify reasons, include supporting evidence and refer to the LA's Transport Policy or Post 16 travel statement.*  **Does the pupil have an escort?** **YES / NO**  Why?  **Is an escort still required? YES / NO**  *Please include supporting evidence and refer to the Authority's Escort Policy*.  **Would parents/carers like to receive information about Direct Travel Payments (DTP)? YES / NO**  *(DTP – an agreed amount of money paid directly to the family to support travel)*  **Is the pupil a candidate for Independent Travel Training? YES / NO**  *If there are any further recommendations regarding transport, please indicate here:*  If changing placement/phase transfer has travel assistance been discussed in line with the LA travel and transport policy or Post 16 travel and transport statement? YES / NO |

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| **Were the Recommendations of the Review agreed by all present? YES / NO**  If not please indicate dissenting parties:  **Head Teacher's signature …………………… Date: …………………………**  **Please ensure that a copy of the completed review is made available to the LA, parent(s) and/or carer of the learner and any other professional invited to the review within two weeks of the review being held. A copy should be retained in school and together with the EHCP and be available to all who teach the learner.**  **The completed form should be sent to SEND via Children's Services Portal within 2 weeks of the meeting date, this must not be exceeded. Copy sent within 2 weeks? YES / NO**  **Where another LA is known to be involved with the child please ensure a copy of this Annual Report form is sent to that Authority, again within two weeks of the review date.**  **Copy sent to other Local Authority (please tick) Yes** |