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| **Annual Review Report Form** | |
| **For a child/ young person subject to an Education Health and Care Plan (EHC Plan)** | |
| **Date of last final EHCP** | Click or tap to enter a date. |
| **Date of Last Annual Review** | Click or tap to enter a date. |
| **Date of Annual Review** | Click or tap to enter a date. |

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| **My Details** | | | | | | | | | | | | | | | | | |
| **Full Legal Name** |  | | | | | | | | | | | | | | | | |
| **Date of Birth** | Click or tap to enter a date. | | | **Year Group** **Please indicate if child working below chronological age group (this must be agreed by LA)** | | | | | | | | | | | | Choose an item. | |
| **Ethnicity** |  | | | **Language** | | | | | | | | | | | |  | |
| **Home Address** |  | | | | | | | | | | | | | | | | |
| **Telephone number (if over age 16)** |  | | | | | **Email address (if over age 16)** | | | | | |  | | | | | |
| **Responsible person 1** |  | | | | | **Role** | | | | | | Choose an item. | | | | | |
| **Address (if different from above)** |  | | | | | | | | | | | | | | | | |
| **Responsible person 1 contact details** | **Telephone number** | |  | | | | | **Email address** | | | | | |  | | | |
| **Responsible person 2** |  | | | | | **Role** | | | | | | Choose an item. | | | | | |
| **Address (if different from above)** |  | | | | | | | | | | | | | | | | |
| **Responsible person 2 contact details** | **Telephone number** | |  | | | | | **Email address** | | | | | |  | | | |
| **Am I a looked after child/ young person?** | | | | | | | | | Yes | |  | | | No | | |  |
| **Do the contact details on the front page of the EHCP need to be amended?** | | | | | | | | | Yes | |  | | | No | | |  |
|  | | | | | | | | | | | | | | | | | |
| **My School/ College/ Setting** | | | | | | | | | | | | | | | | | |
| **Name of current placement** | |  | | | | | | | | | | | | | | | |
| **Date of Admission** | | Click or tap to enter a date. | | | | | | | | | | | | | | | |
| **Overall attendance rate at date of review for this academic year %** | |  | | | | | | | | | | | | | | | |
| **Is an attendance certificate attached?** | | Yes | | |  | | | | | No | | | | |  | | |
| **Current Band/Funding arrangement** | | Choose an item. | | | | | If bespoke, state amount | | | | | | £ | | | | |

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| 1. **Summary of recommendations** | | | | | |
| **The Annual Review recommend for the EHC plan to:** | | | | | |
| **Be Maintained** (no change) keep the EHC Plan in its current format | | Yes |  | No |  |
| **Be Ceased as child or young person has met all their outcomes** i.e. the EHC Plan no longer needs to be maintained (as per sections 9.199 – 9.210 of the SEND Code of Practice) | | Yes |  | No |  |
| **Be Ceased at the end of the academic year as the young person is leaving education** i.e. the EHC Plan no longer needs to be maintained (as per sections 9.199 – 9.210 of the SEND Code of Practice) | | Yes |  | No |  |
| **Be Amended** the EHC Plan (please specify below in Section 1.1) | | Yes |  | No |  |
| **EHC needs reassessment should be considered** | | Yes |  | No |  |
|  | | | | | |
| **Does the current placement remain appropriate?** | | Yes |  | No |  |
| **Do any people attending the review not agree with these recommendations? If yes, please give details below** | | Yes |  | No |  |
| **If yes, please give details** |  | | | | |
| **Does the Universal Banding descriptor, or funding agreement, remain appropriate?** | | Yes |  | No |  |

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| **1.1 Recommended Amendments**  Please include detail within the Annual Review paperwork about why these changes are being requested and attach relevant reports/evidence supporting requested changes. An annotated EHCP should be included. | | | | | | | | | |
| **Section** | | | | | **Section** | | | | |
| **A – the views, interests and aspirations of the student and their parents** | Yes |  | No |  | **G – Health Provision** | Yes |  | No |  |
| **B – The pupil’s areas of strength and special educational need** | Yes |  | No |  | **H1 – Social Care Provision (Section 18)** | Yes |  | No |  |
| **C – The pupil’s strengths and health needs** | Yes |  | No |  | **H2 – Social Care Provision (any other)** | Yes |  | No |  |
| **D – The pupil’s strengths and social care needs** | Yes |  | No |  | **I – Placement** | Yes |  | No |  |
| **E – Agreed Outcomes** | Yes |  | No |  | **J – Personal Budget** | Yes |  | No |  |
| **F – Special educational provision monitoring and Annual Review arrangements** | Yes |  | No |  |  | | | | |

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| 1. **Who is important to me?** | | | | | | | | | | |
| List all those invited. Relevant reports must be included with the annual review (especially if amendments to the EHCP are requested) | | | | | | | | | | |
| **Name** | **Details** | **Attended** | | | | **Written contribution received** | | | | |
| **Attached** | | | | **Date** |
|  |  | Yes |  | No |  | Yes |  | No |  | Click or tap to enter a date. |
|  |  | Yes |  | No |  | Yes |  | No |  | Click or tap to enter a date. |
|  |  | Yes |  | No |  | Yes |  | No |  | Click or tap to enter a date. |
|  |  | Yes |  | No |  | Yes |  | No |  | Click or tap to enter a date. |
|  |  | Yes |  | No |  | Yes |  | No |  | Click or tap to enter a date. |

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| 1. **My contribution** | | | | | |
| **Pupil/student views are central to the Annual Review meeting. Please attach an updated Pupil Passport/ One Page Profile to this paperwork.** | | | | | |
| **Is this attached?** | | Yes |  | No |  |
| **If no, please outline what steps have been undertaken to understand my views, wishes and opinions** | | | | | |
|  | | | | | |
| **Completed by** |  | **Date** | | Click or tap to enter a date. | |
| **Relationship to me** |  |  | | | |
| **Have I had a Planning Live session?** | | Yes |  | No |  |
| **Is the Planning Live booklet included?** | | Yes |  | No |  |
| **My Education Setting notified me/my parents/carers of the meeting, 2 weeks before it took place?** | | Yes |  | No |  |
| **My Education Setting has given me/my parents/carers information about the option to access SIAS/advocacy services at least 2 weeks before the meeting took place?** | | Yes |  | No |  |

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| 1. **My Parent/ Carers contribution** | | | | |
| **An updated Parent/ Carer contribution needs to be completed and attached to the paperwork. *(If the young person is over 18, and has the capacity to do so, they are entitled to decide if they wish their parent/carer to contribute to their review and can sign their own Annual Review paperwork).*** | | | | |
| **Is this attached?** | Yes |  | No |  |
| **If no, please outline what steps have been taken to gain this contribution. If no parent/ carer contribution is attached then this paperwork must be signed by a parent/ carer before being returned to the SEND Service.** | | | | |
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| 1. **My Educational needs (Section B)** | | | | |
| **Summary of meeting discussions (if amendments are being requested these need to be recorded on an annotated EHCP)** | | | | |
| **Cognition and Learning** | | | | |
|  | | | | |
| **Communication and Interaction** | | | | |
|  | | | | |
| **Social, Emotional, Mental Health and Wellbeing** | | | | |
|  | | | | |
| **Physical and/ or Sensory (only complete if relevant)** | | | | |
|  | | | | |
| **Have any new educational needs been identified?** | Yes |  | No |  |
| **If yes, please describe new needs below.** New needs should be underpinned by supporting professional evidence. Please provide the report that evidences the new need. | | | | |
|  | | | | |
| **Name and author of report** | **Date of report** | | | |
|  | Click or tap to enter a date. | | | |
|  | Click or tap to enter a date. | | | |
|  | Click or tap to enter a date. | | | |
|  | Click or tap to enter a date. | | | |

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| 1. **My Health Needs (Section C)** | | | | |
| **Summary of meeting discussions (if amendments are being requested these need to be recorded on an annotated EHCP). If supported by health, please co-ordinate the submission of health written contribution prior to the review meeting.** | | | | |
|  | | | | |
| **Have any new health needs been identified?** | Yes |  | No |  |
| **If yes, please describe new needs below.** New needs should be underpinned by supporting professional evidence. Please provide the report that evidences the new need. | | | | |
|  | | | | |
| **Name and author of report** | **Date of report** | | | |
|  | Click or tap to enter a date. | | | |
|  | Click or tap to enter a date. | | | |
|  | Click or tap to enter a date. | | | |
|  | Click or tap to enter a date. | | | |

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| 1. **My Social Care Needs (Section D)** | | | | |
| **Summary of meeting discussions (if amendments are being requested these need to be recorded on an annotated EHCP). If supported by Social Care, please co-ordinate the submission of health written contribution prior to the review meeting.** | | | | |
|  | | | | |
| **Have any new Social Care needs been identified?** | Yes |  | No |  |
| **If yes, please describe new needs below.** New needs should be underpinned by supporting professional evidence. Please provide the report that evidences the new need. | | | | |
|  | | | | |
| **Name and author of report** | **Date of report** | | | |
|  | Click or tap to enter a date. | | | |
|  | Click or tap to enter a date. | | | |
|  | Click or tap to enter a date. | | | |
|  | Click or tap to enter a date. | | | |

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| 1. **Current Attainment & progress from the last Annual Review** (educational setting should attach an explanation of their assessment methodology /codes used). Attainment levels listed below must be gained independently (without support). This part must be completed in full in all cases | | | |
| **Subject** | **Current attainment** | **Progress since last Annual Review** | **Evidence of assessment** |
| **English** |  |  |  |
| **Speaking/ Listening** |  |  |  |
| **Reading** |  |  |  |
| **Writing** |  |  |  |
| **Mathematics** |  |  |  |
| **Science** |  |  |  |
| **Overall subject levels** |  |  |  |

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| **10.1 Review of Outcomes (section E)** *(As per sections 9.64 – 9.69 of the SEND Code of Practice, please see my setting’s Support Plan / Individual Education Plan for details of short-term actions drawn up by setting staff with support from appropriate professionals)* | | | |
| **Long Term (end of Key Stage/ Phase) Outcome** | | **Has the outcome been met?** | **Comments (if outcome is not achieved or partially achieved, please comment on issues impacting on the rate of progress)** |
|  | | Choose an item. |  |
|  | | Choose an item. |  |
|  | | Choose an item. |  |
|  | | Choose an item. |  |
|  | | Choose an item. |  |
| **10.2 Suggested new long term (end of Key Stage/Phase) outcomes (complete only if relevant)** | | | |
| **Area of Need (C&L; C & I; SEMH; PS) and/ or PfA Pathway** | **New Long Term Outcome** | | |
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| Area of Educational Need | Cognition and learning | |  | Comunication and Interaction | | |  | | Social emotional and Mental health | | | |  | Physical and Sensory | | | | |  |
| Preparing for adulthood pathway | employment | |  | Independent Living | | |  | | Good health | | | |  | Friends, relationships and community participation | | | | |  |
| 1. **Strategies and support for the child/ young person** (Summary of meeting (if amendments are being requested these need to be recorded on an annotated EHCP) | | | | | | | | | | | | | | | | | | | | |
| **When completing this part, the following guidance should be taken into account: It is essential for the strategies listed below to be linked with needs and outcomes, the provision should be proportionate to the type and severity of need and it is essential to clarify the evidence of impact.** | | | | | | | | | | | | | | | | | | | | |
| **Section F – education provision** | | | | | | | | | | | | | | | | | | | | |
| **Category of Need** | | **What is provided?** | | | | **How often?** | | | **By whom?** | | **Date started** | | | | **Date reviewed** | | **Evidence of impact against agreed outcomes** | | | |
| Cognition and Learning | |  | | | |  | | |  | | Click or tap to enter a date. | | | | Click or tap to enter a date. | |  | | | |
| Communication and Interaction | |  | | | |  | | |  | | Click or tap to enter a date. | | | | Click or tap to enter a date. | |  | | | |
| Social Emotional and Mental Health | |  | | | |  | | |  | | Click or tap to enter a date. | | | | Click or tap to enter a date. | |  | | | |
| Physical and/ or Sensory | |  | | | |  | | |  | | Click or tap to enter a date. | | | | Click or tap to enter a date. | |  | | | |
| Preparing for Adulthood | |  | | | |  | | |  | | Click or tap to enter a date. | | | | Click or tap to enter a date. | |  | | | |
| **Section G – health provision** (if amendments are being requested these need to be recorded on an annotated EHCP). If supported by health, please co-ordinate the submission of health written contribution prior to the review meeting. | | | | | | | | | | | | | | | | | | | | |
| **What is provided?** | | | | | | **How often?** | | | **By whom?** | | **Date started** | | | | **Date reviewed** | | **Evidence of impact against agreed outcomes** | | | |
|  | | | | | |  | | |  | | Click or tap to enter a date. | | | | Click or tap to enter a date. | |  | | | |
|  | | | | | |  | | |  | | Click or tap to enter a date. | | | | Click or tap to enter a date. | |  | | | |
| **Section H1 & H2 – social care provision** (if amendments are being requested these need to be recorded on an annotated EHCP). If supported by social care, please co-ordinate the submission of social care written contribution prior to the review meeting. | | | | | | | | | | | | | | | | | | | | |
| **What is provided?** | | | | | | **How often?** | | | **By whom?** | | **Date started** | | | | **Date reviewed** | | **Evidence of impact against agreed outcomes** | | | |
|  | | | | | |  | | |  | | Click or tap to enter a date. | | | | Click or tap to enter a date. | |  | | | |
|  | | | | | |  | | |  | | Click or tap to enter a date. | | | | Click or tap to enter a date. | |  | | | |
| **Review of current range of support** | | | | | | | | | | | | | | | | | | | | |
| **Does the current range of support meet the agreed needs and outcomes for the child/young person?** | | | | | | | | Yes | |  | | | | | | No | |  | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **If no, what needs to be done differently? Please complete the table below.** Any requested amendments should be made on the annotated EHCP. | | | | | | | | | | | | | | | | | | | | |
| **Which strategies/ support should be discontinued or amended?** | | | | | **What is recommended?** | | | | | | | **How would this impact on agreed outcomes?** | | | | | | | | |
|  | | | | |  | | | | | | |  | | | | | | | | |
|  | | | | |  | | | | | | |  | | | | | | | | |
| **New provision needs to be underpinned by supporting professional evidence. Please provide the report that evidences the new provision.** | | | | | | | | | | | | | | | | | | | | |
| **Name and author of report** | | | | | | | | **Date of report** | | | | | | | | | | | | |
|  | | | | | | | | Click or tap to enter a date. | | | | | | | | | | | | |
|  | | | | | | | | Click or tap to enter a date. | | | | | | | | | | | | |

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| 1. **Personal Budget** | | | | | | | | |
| **Is there a personal budget in place?** | Yes | |  | | No | |  | |
| **If yes, what type of personal budget is in place?** | | | | | | | | |
| Direct Payment | Yes | |  | | No | |  | |
| Notional arrangement (LA or education setting holds budget and commissions the specific support) | Yes | |  | | No | |  | |
| Third Party arrangement (funds are paid to and managed by an individual or organisation on behalf of the parents or young person) | Yes | |  | | No | |  | |
| A combination of the above (please state) |  | | | | | | | |
| **Do the parents/ young person wish to request a new personal budget?** | Yes | |  | | No | |  | |
| **If yes,** please attach a Personal Budget checklist completed by the parent/young person and school to be considered by the Local Authority. | | | | | | | | |
| **What has been the impact of the personal budget on achieving outcomes?** | | | | | | | | |
|  | | | | | | | | |
| **Do the parents/ young person still wish to have a personal budget?** | **Yes** |  | | **No** |  | **N/A** | |  |

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| 1. **Support with Travel** | | | | |
| In line with the Home to School Travel Policy, support with travel arrangements should be reviewed annually. All travel options should be discussed at the review with an aim to promote independence. | | | | |
| **Does the child or young person receive support with travel?** | Yes |  | No |  |
| **Have there been any changes to circumstances that impact on travel arrangements or eligibility since support with travel was last reviewed?** | Yes |  | No |  |
| **If yes, please provide further details and supporting evidence (please refer to the policy).** |  | | | |
| **Are there any alternative support with travel arrangements that could be made, ie Personal Travel Budget or Independent Travel Training?** | Yes |  | No |  |
| **If yes, please details.** |  | | | |

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| 1. **Actions** | | |
| This action plan refers to what needs to be done this year, who is going to do it and by when. | | |
| **Action** | **By whom** | **By when** |
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| 1. **Signatures** | | | |
| **Young Person** |  | **Date** | Click or tap to enter a date. |
| **Parent/ Carer (if under 18)** |  | **Date** | Click or tap to enter a date. |
| **SENCO/ Headteacher/ Plan Coordinator** |  | **Date** | Click or tap to enter a date. |

**Arrangements for returning this document**

Please send this document and any accompanying reports to [AnnualReviews@swindon.gov.uk](mailto:AnnualReviews@swindon.gov.uk)

**Reminder** – As per sections 9.173 – 9.177 of the SEND Code of Practice, the setting must prepare and send a report of the meeting to everyone invited and to the Local Authority within two weeks of the meeting. Please see the guidance on the Swindon Local Offer website for the statutory timeline around Annual Reviews. This can be found here: [Swindon Local Offer - Annual Review of an Education Health and Care Plan](https://localoffer.swindon.gov.uk/content/send-local-offer/landing-pages/education-health-and-care-plans/annual-review-of-an-education-health-and-care-plan/).

**Checklist:**

|  |  |  |
| --- | --- | --- |
| **After the meeting** | **Yes** | **No** |
| Annual report form completed |  |  |
| Additional written contributions collated |  |  |
| Annotated copy of EHCP indicating additions and/or deletions attached |  |  |
| Completed annual review form together with all relevant reports sent to parents, young person, all present and the LA within two weeks of the meeting |  |  |
| Action plan followed up |  |  |

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| **Annex 1: Preparation for Adulthood for Year 9+ (to be completed at all Annual Reviews from Year 9 onwards unless a Planning Live event has taken place, in which case please share your booklet from this event)** | |
| 1. **Preparing for Further/ Higher Education/ employment** | |
| **1a. What Post-16 pathways have been explored and identified for me? ie Further Education, training such as Supported Internships, Apprenticeships, Traineeships.** | |
|  | |
| **1b. What arrangements have been made in the last year regarding support in finding a job? ie work experience, work opportunities, job coaches etc** | |
|  | |
| **1c. Summary of the careers advice, information and guidance I have received under school’s/college’s statutory duty to provide independent, impartial IAG.** | |
|  | |
| **1d. Summary of discussions with me and my family regarding financial support to access the workplace (i.e. Job Centre Plus Access to Work funding; 16-19 bursary, Personal Independent Payments etc).** | |
|  | |
| **1e. Study programmes for post-16 should provide progression and stretch. Please indicate what study programme I am currently undertaking and what is being proposed for the following academic year?** | |
| **Current course details** | |
| **Name of course(s)** |  |
| **Length of course(s)** |  |
| **Next academic year** | |
| **Name of course(s)** |  |
| **Length of course(s)** |  |
| 1. **Preparing for independent living** | |
| **2a. Where do I want to live in the future, who with and what support will I need?** | |
|  | |
| **2b. Summary of discussions regarding local housing options, support in finding accommodation, housing benefits and social care support.** | |
|  | |
| 1. **Being as healthy as possible in adult life** | |
| **3a. Summary of the transition arrangements in place or needed from children’s to adult health services.** | |
|  | |
| **3b. Summary of the transition arrangements in place or needed from children’s to adult health services.** | |
| **Has a Learning Disability Annual Health Check taken place?**  *Anyone over the age of 14, who is on their Doctors Learning Disability Register can have a free Annual Health Check once a year.* | **Yes ☐**  **No ☐**  **Not Applicable ☐** |
| **Date of Learning Disability Annual Health Check** | Click or tap to enter a date. |
| 1. **Preparing for participating in society** | |
| **4a. Summary of planning and arrangements in place for me to access social and community activities and support in developing and maintaining friendships and relationships.** | |
|  | |

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| **Annex 2: Mental Capacity and carers assessments** |
| **Mental Capacity Act and Decision Making (16+)** |
| **Supporting young people aged 16+ with needs relating to making key decisions while preparing for adulthood** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have any concerns been raised about my capacity to make key decisions?** | Yes |  | No |  |
| **If so, what measures have been put in place to support me to make the required decisions?** |  | | | |
| **If there are still concerns after this input is there a need for a Mental Capacity Assessment?** | Yes |  | No |  |
| **If yes, who will take this forward?** |  | | | |
| **Where a Mental Capacity Assessment has been completed, what was the outcome?** |  | | | |
| **What support will be provided for future decisions?** |  | | | |

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| **Supporting Carers** |
| Supporting the needs of carers through the transitions process where they are likely to require support after they or the young person they support turns 18 |

|  |
| --- |
| **Adult Social Care Assessment** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have adult social care services been discussed?** | Yes |  | No |  |
| **Is a referral for an adult social care assessment going to be made?** | Yes |  | No |  |
| **If yes, who will make the referral?** |  | | | |
| **Independent Advocacy** | | | | |
| **If me or my parent/carer are being assessed for adult social care services would we benefit from having an independent advocate?** | Yes |  | No |  |
| **If yes, who will make the referral?** |  | | | |
| **Carers of Children and Young People** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Would the carer like a separate Carer’s Assessment to discuss their own needs as the young person they care for moves in to adult life?** | Yes |  | No |  |
| **If yes, who will complete the assessment?** |  | | | |
| Where a Carer’s Assessment has been completed what support will be provided to meet the needs/outcomes identified? |  | | | |

**\*** Refer to preparing for adulthood transitions protocol quick reference guide