# SAMPLE LETTER (PARENTS)

Dear and

## RE: Annual Review

I would like to invite you and to a review meeting on

 at .

This is a chance for everyone working with to look at progress towards the agreed outcome in the Education Health and Care Plan (EHC) plan over the past year. In discussion with you we can also recommend any changes to EHC Plan that might be needed. We will discuss and agree proposed changes to the EHC Plan.

Please return the slip below to confirm you will attend.

Reports from the school and other professionals will be sent to you at least two weeks before the meeting. So you can have the opportunity to think about your views and feedback before the meeting.

You and may also send us your own reports if you wish. Your contributions to this review are very important. You can find out more information about the Annual Review on the Local Offer website [https://localoffer.swindon.gov.uk/content/send-local-offer/landing-pages/education-](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/) [health-and-care-plans/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/)

You are welcome to bring a friend or an advisor to the meeting.

Swindon Special Educational Needs and Disability Information, Advice and Support (SEND IAS) can also be contacted via their portal if you need advice and support. Their portal can be found on their website <https://www.swindon.gov.uk/info/20149/sendiass/766/sendiass_-_about_the_service>

Yours sincerely Headteacher

………………………………………………………………………………………………….. Annual Review for

I / we wish to confirm that I / we can / cannot attend the Annual Review meeting on

 .

My friend / relative / independent supporter will also be coming to this meeting. Their name is

Please tick appropriate box

* Our son / daughter should attend all / part of this meeting
* I / we enclose our report for discussion at the review

Signed Date

# SAMPLE LETTER (PROFESSIONALS)

Dear

## RE: ANNUAL REVIEW FOR

**D.O.B:**

A review meeting will be held on at . I am inviting you to participate by:

1. Completing a written report which should be returned to school by so that those attending the review will receive it two weeks prior to the meeting.

And / or

1. Attending the meeting to be held as above.

In order to assist you prioritise attendance at reviews the importance of your attendance is indicated below:

ESSENTIAL

HELPFUL

(indicate by marking box with an X)

## (NB: If you are considering recommending a change of placement or substantial change of provision, advice should have been sought from relevant professionals prior to the meeting. If helpful you can request that a Local Authority officer attends the meeting.)

Please complete and return the slip below.

Thank you for your assistance in this matter. I look forward to hearing from you. Yours sincerely

Headteacher

…………………………………………………………………………………………..

Annual Review for:

(*School should enter name)*

D.O.B: *(School should enter)*

I **will be able/will not be able** to attend the Annual Review meeting on

I confirm that I shall provide a written report, which I will submit by the return date above  (*tick box)*

Signed Date Name: Designation