**Sample letter inviting support service(s) to an Annual Review**

Date:

Dear

The Annual Review meeting for (child or young person’s name and DOB) will be held on (date) at (time) at (location).

I am inviting you to participate by:

* Sending a written report to the school/setting/college by (date) for distribution to everyone invited. Please see the report format on the reverse of this letter.
* Attending the meeting.

To help you to prioritise your level of involvement the school/setting/college believes that your attendance at the review meeting is essential/helpful/not essential. If you are able to attend also submit a written report to ensure your comments are fully captured.

I look forward to hearing from you.

Yours sincerely

Headteacher/SENCo/Setting leader/Principal

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| **SEND Code of Practice 2015**  Para 9.169-76   * Professionals across education, health and care ***must*** co-operate with local authorities during reviews. * The child’s parents or young person, a representative of the school or other institution attended, a local authority SEN officer, a health service representative and a local authority social care representative must be invited and given at least two weeks’ notice of the date of the meeting. Other individuals relevant to the review should also be invited, including youth offending teams and job coaches where relevant * The school must seek advice and information about the child or young person prior to the meeting from all parties invited, and send any advice and information gathered to all those invited at least two weeks before the meeting |

**Professional Advice for the Annual Review of Education, Health and Care Plans**

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| **1. Details of the child or young person** | | |
| **Full name:** | | **Date of birth:** |
| **Education provider** |  | |

|  |  |
| --- | --- |
| **2. Service or agency** |  |
| **Name of worker** |  |

|  |  |
| --- | --- |
| **Authors details and signature** | |
| **Completed by:** | **Job title:** |
| **Signature:** | **Date advice completed:** |
| **Date advice shared with family:** |
| **Counter Signatory (if required)** | |
| **Countersigned by:** | **Designation** |
| **Signature** | **Date agreed:** |

**Please complete the information below unless you were not involved with the child/ young person since the statutory assessment**

|  |  |
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| **2a. Involvement ceased** |  |
| **Date** |  |
| **Reason** |  |

**Information to be completed by all service/agencies involved with child/ young person**

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| --- | --- |
| **3. Summary of child or young person’s identified needs – update** *Is the information in section B (education), C (health) or D (Social Care) accurate? Please note changes to identified needs. Complete this section as per role.* | **4. Provision to meet needs – update** *Is the information in section F (education), G (health) or sections H1 and H2 (Social Care) accurate? Please note changes to provision. Complete this section as per role.* |
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| --- | --- | --- |
| **5. Progress made towards EHCP outcomes.** | | |
| **Main outcome and**  **small steps** | **Summary of progress towards outcomes** | **Achieved,**  **Partially Achieved, No longer relevant** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |

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| **6. Suggested revised outcomes, if necessary, in relation to the strengths, needs and aspirations of the child or young person** |
| *How effective has your intervention been in achieving the CYPs outcomes? If it has not been successful, why not? What needs to change?* |

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| **7. Preparation for transfer/adulthood (statutory for year 9 onwards)** |
| *What needs to be put in place to support transfer/transition into adulthood by your service/agency?* |