**Annual Review of an Education Health and Care plan meeting notification**

**1. Details of child or young person**

|  |  |
| --- | --- |
| Name |  |
| Date of birth |  |
| Address |  |
| School, setting or college |  |
| NC Year |  |
| GP name |  |
| GP address |  |
| Date of last annual review or date when EHCP issued |  |

**2. Details of the Annual Review meeting**

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Time |  |
| Location |  | Reports due |  |

**3. Attendance by local authority or health representatives**

**Please indicate if attendance by any of the following is a high priority**

|  |  |
| --- | --- |
| SEN Officer or Assistant SEN Officer | Yes/No |
| \*Health service *(specify service(s))* | Yes/No |
| \*Social Worker/Family Support Worker/Early Help Worker | Yes/No |

**If attendance is high priority, please indicate the reason**

|  |  |
| --- | --- |
| The child or young person is receiving an intensive early years intervention  | Yes/No |
| There is a transfer being discussed (transfer of school or provision placement) | Yes/No |
| The child or young person is in a residential placement within Oxfordshire | Yes/No |
| The child or young person is in an out of county residential placement | Yes/No |
| There is a danger of placement breaking down | Yes/No |
| There are changes in the child or young person’s circumstances likely to require significant amendments to the plan. | Yes/No |
| Other (please specify) | Yes/No |

**If you have significant concerns about a child or young person please discuss these with the SEN Officer before arranging the Annual Review meeting.**

Please send this form to your SEN officer at least six weeks prior to the meeting.

Please send the invitation to Annual Review and Report format to identified staff in Health and Social Care teams copying to the relevant team mail box listed overleaf to ensure that the request is sent to an appropriate worker if personnel has changed.

**Key team mailboxes:**

**Social Care** (children’s and adults):

Use the team mailbox that fits with the school or setting’s geographical area or in the case of countywide special schools the team mailbox that fits with the child or young person’s address.

Tier3Admin.Central@oxfordshire.gov.uk

Tier3Admin.North@oxfordshire.gov.uk

Tier3Admin.South@oxfordshire.gov.uk

**Health:**

Children’s Integrated Therapies:

Use the team mailbox that fits with the child or young person’s address.

Northchildrens.admin@oxfordhealth.nhs.uk

Southchildrens.therapies@oxfordhealth.nhs.uk

Centralchildrens.therapies@oxfordhealth.nhs.uk

Adult Learning Disability Team:

LDSouth@oxfordhealth.nhs.uk

Adult Community Speech and Language Therapy

adultSLT@oxfordhealth.nhs.uk

School Health Nurse Service:

Use the team mailbox that fits with the school or setting’s geographical area

Abingdon oxfordhealth.abingdonSHNS@nhs.net

Banbury oxfordhealth.banburyschoolnurses@nhs.net

Bicester oxfordhealth.bicester-shns@nhs.net

Carterton/Chipping Norton carterton.SHNS@nhs.net

Didcot didcot.shns@nhs.net

Oxford and Thame oxfordhealth.oxfordcityschoolnurses@nhs.net

Wallingford, Sonning oxfordhealth.wallingfordSHN@nhs.net

Common and Henley

Wantage/Faringdon oxfordhealth.wantageandfaringdonSHNT@nhs.net

Witney oxfordhealth.witneySHNS@nhs.net

CAMHS:

Use the team mailbox that fits with the child or young person’s address

OxonCAMHSEHCP@oxfordhealth.nhs.uk