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

This form must be completed annually in respect of children and young people who have an Education, Health and Care plan.

For process refer to **Annual Review of Education, Health and Care plan Guidance**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Child/young person’s name | | | | | Date of birth | | |
| School: | | Have parent/carer contact/ address details have changed Y/ N (If yes amend the plan) | | | | | |
| Date of last annual review | | | Date of review meeting | | | | |
| Name | Service | | | Invited | | Attended | Report |
|  |  | | |  | |  |  |
|  |  | | |  | |  |  |
|  |  | | |  | |  |  |
|  |  | | |  | |  |  |
|  |  | | |  | |  |  |

(Add more lines if required)

|  |  |  |
| --- | --- | --- |
| Review of the Education, Health and Care Plan | Yes | No |
| Could the needs be met by the Local Offer at SEN Support  (If 'Yes' the Local Authority will consider ceasing to maintain the EHC Plan) |  |  |
| Is the young person 17 or over and have they achieved the education and training outcomes in the plan? (if ‘Yes’ the Local Authority will consider ceasing to maintain the EHC Plan) |  |  |
| If it is considered that changes to the current EHC Plan are necessary please annotate an electronic copy of current EHC Plan (using ~~strikethrough~~ to delete sections and adding changes in red – do not use track changes). |  |  |
| Is there evidence and agreement that a reassessment of the pupil's special educational needs should be considered? |  |  |
| Is the child/young person transferring between phases of education?   * Early years provider to school * Infant school to junior school * Primary school to secondary school * Secondary to post 16 provision     The review and amendments must be completed by **15 February in the year of transfer**, or **31 March for year 11 students transferring to post 16 education** |  |  |
| Is a change to the school anticipated, other than a transfer between phase? Give reasons.  Does such a change of placement have implications for transport and the parent’s ability to take the child or young person to school? |  |  |
| Were any new safeguarding concerns raised?  Safeguarding concerns must be dealt with as a matter of urgency <https://www.oxfordshire.gov.uk/cms/public-site/keeping-children-safe> |  |  |

|  |  |  |
| --- | --- | --- |
| **Record of the meeting** | | |
| Review of progress towards achieving outcomes in Section E | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Main outcome and**  **small steps** | **Summary of progress towards outcomes** | **Achieved,**  **Partially Achieved, No longer relevant** | **\* E / T** | | 1. |  |  |  | | 2. |  |  |  | | 3. |  |  |  | | 4. |  |  |  | | 5. |  |  |  | | 6. |  |  |  |   *Add extra rows if necessary.*  *Please ensure all annotations are made directly onto the plan using ~~strikethrough~~ to delete and red to make changes*  *\*For young people aged 17 and over please specify which are education and training outcomes (E or T)* | | |
| Review of education provision | | |
|  | | |
| Review of health provision | | |
|  | | |
| Review of social care provision | | |
|  | | |
| Review of non-statutory provision | | |
| *Including access to out of school clubs and activities found in the community or through the Local offer* | | |
| Preparation for Adulthood (*statutory from Year 9 and helpful to consider from the earliest years)* | | |
|  | | |
| Aspirations:  Have the child/young person’s aspirations changed? Yes No  Have the parent/carer’s aspirations changed? Yes No | | |
| *If yes, these should be updated in the ‘All About Me’ (Section A) on the annotated plan* | | |
| Has the young person or parent/carer requested a Personal Budget? Yes No | | |
| *Details of the request:* | | |
| Key discussion points from the meeting, including any relevant changes in a child/young person’s personal circumstances | | |
|  | | |
| Parent/Carer or other professionals response or comments relating to any of the changes including where there is any disagreement | | |
|  | | |
| How did the child/young person contribute to the meeting? | Method | Please tick (√) |
| By form |  |
| In person |  |
| Other |  |

Headteacher’s signature: Date:

|  |  |  |
| --- | --- | --- |
| **Send this to your SEN Officer with:** | **Mark if attached** | **Notes** |
| All reports submitted for the Annual Review |  |  |
| A copy of the educational setting’s report evidencing progress (use template for evidence required) LINK To be ADDED |  |  |
| An annotated EHCP showing proposed changes to the plan if these are needed (using ~~strikethrough~~ to delete sections and adding changes in red – do not use track changes) |  |  |

**This report must be sent to everyone invited within two weeks of the meeting.**