Annual REVIEW OF EDUCATION, HEALTH & CARE (EHC) PLAN

**REVIEW – N, Yr 2, & 5 or when it is felt that the outcomes within the EHCP do not remain appropriate, possible placement change or funding implications**

**Annual Review of Education, Health and Care (EHC) Plan**

October 14, 2015

Tameside M.B.C

Inclusive services

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | Date of Birth |  | National Curriculum Year |  | Offset year group | Y/N |
| Gender |  | LAC | Y/N | Pupil Premium | Y/N | CAF in place | Y/N |
| Home Address |  | Has the home address changed since last review? | Y/N | Name of Parent/Carer |  | Address if different from home |  |
| Name of Parent/Carer |  | Address if different from home |  |

**EHC Plan History**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of EHC plan /statement |  | Date of this review |  | Date of last amendment |  | Date of last review |  |

**School Placement History**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School |  |  |  |  |  |
| Dates |  |  |  |  |  |

**Education, Health and Care Plan/Statement Review Summary –** please complete at the end of the meeting

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | select | | comments | | | | | | |
| Section A | Have the aspirations of the child/YP or Family changed significantly? | | | | | | Y/N | |  | | | | | | |
| Section B/C/D  Part II | Have the young person’s needs outlined in of the EHC plan changed? | | | | | | Y/N | |  | | | | | | |
| Is further professional advice required? | | | | | | Y/N | | If yes, please indicate below where advice is required and detail the nature of the advice required in the action plan. | | | | | | |
|  | Educational Psychology |  | Speech & Language Therapy |  | Occupational Therapy |  | | Pupil Support Services | |  | Physiotherapy |  | Other |  | |
| Section E/F/G/H/I  Part III | Do the objectives/outcomes, provision or monitoring arrangements need to change? | | | | | | Y/N | |  | | | | | | |
| Has adequate progress been made? | | | | | | Y/N | |  | | | | | | |
| Has appropriate provision been put in place? | | | | | | Y/N | |  | | | | | | |
| If adequate progress has not been made, what are the barriers? | | | | | | | |  | | | | | | |
| Section I  Part IV | Is the placement still appropriate? | | | | | | Y/N | |  | | | | | | |
| Part V  (not EHC) | Have the additional non-educational needs of the pupil changed significantly over the last year? | | | | | | Y/N | |  | | | | | | |
| Part VI  (not EHC) | Does the non-educational Provision need to change | | | | | | Y/N | |  | | | | | | |
|  | Should the EHC plan/statement be withdrawn? | | | | | | Y/N | | Are the parents in agreement with withdrawal | | | | | | Y/N |

O**verview of termly progress**

**Where cognition and learning are the concerns it is important that a small steps measure such as PIVATS has been used to measure progress in addition to the general target setting and assessment of the school. We acknowledge that this format will need to change over time as we move beyond National curriculum levels.**

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|  | Reception | Year 1 | | | Year 2 | | | Year 3 | | | Year 4 | | | Year 5 | | | Year 6 | | |
|  | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 |
| Speaking and Listening - Comprehension | If the child is in Foundation Stage or Key Stage 1 please attach a summary of their Foundation Stage Profile |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Speaking and Listening - Expression |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Reading |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Writing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Using and Applying Mathematics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Shape, space and measure |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Learning Behaviour |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Conduct Behaviour |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emotional Behaviour |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Attendance |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Punctuality |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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|  | Year 7 | | | Year 8 | | | Year 9 | | | Year 10 | | | Year 11 | | |
| 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 |
| Speaking and Listening - Comprehension |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Speaking and Listening - Expression |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Reading |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Writing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Using and Applying Mathematics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Shape, space and measure |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Learning Behaviour |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Conduct Behaviour |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emotional Behaviour |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Attendance |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Punctuality |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**People involved in this Annual Review:** please include all agencies/services/professionals currently working with the child who were asked to contribute to this review

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Number | Description | Author | Date | New since last review? | Invited to review? | Attending  review? | **Report received?** |
| **Parental/young person/child views** | | | | |  |  |  |
| 1. | Our Hopes and Aspirations |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| **Educational – school** | |  |  |  |  |  |  |
| 1. | School advice/documents |  |  |  |  |  |  |
| 2. | Plan, do, review cycle/IEP |  |  |  |  |  |  |
| 3. | One Page Pupil Profile |  |  |  |  |  |  |
| 4. | Provision Map |  |  |  |  |  |  |
| 5. | Attendance |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Educational – support service/other** | |  |  |  |  |  |  |
| **1.** |  |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |  |
| **Health** | |  |  |  |  |  |  |
| **1.** |  |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |  |
| **Social Care** | |  |  |  |  |  |  |
| **1.** |  |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |  |

Person Centred Review

Who’s here?

‘s Review

*+ Child’s photograph/drawing*

DOB: School: Yr Group:

What we like and admire about …

What is important for…

What is important to….

What’s not working?

What’s working?

**The child/young person**

**Professionals**

**The Family**

What’s important to … in the future?

What are our aspirations for…?

What are the long term outcomes for …?

What are the medium term outcomes for …?

What are the short term outcomes for …?

Parking Board

Questions/Concerns

Summary & Next Steps

Action Plan for …

|  |  |  |
| --- | --- | --- |
|  |  |  |
| |  |  |  | | --- | --- | --- | | **What needs to happen?** | By whom? | By When? | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   Within two weeks of the Review meeting taking place, you must send the completed review form to the SEN team and to everyone that you invited to the meeting. You do not need to send any documents which have previously been circulated, but you must include any new documents or reports that were not circulated before the meeting. |  |  |
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|  |  |  |

Please state recommendations, following the review meeting, to the Local Authority for consideration. *(for example, changes to funding, EP involvement etc)*

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**Overview of Post Year 9 objectives and provision – Preparing for adulthood** *(complete as appropriate)*

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| --- |
| Education and Employment |
|  |
|  |
|  |
| Independent Living |
|  |
|  |
|  |
| Community Inclusion |
|  |
|  |
|  |
| Being Healthy |
|  |
|  |
|  |

**Signed by:**

**Designation:**

**Date:**