



My Annual/Transition Review

Meeting Summary

(insert Name)

(Insert School/College)

(Insert Date of Meeting)

My next meeting will take place on: (insert)

1. This is who attended my annual review/transition review meeting

Name	Relationship to me	Report provided – Y or N

2. Changes to my personal information: Yes/No

Please note these changes:

This is how I think things are going:

What's going well: (Views of all)	
What could be better: (Views of all)	
This is how I feel about my life at the moment: (Child/Young Person's views mandatory)	
This is what I want for myself in the future (my aspirations): YR9 onwards mandatory	(Careers advice attached where available)
This is what my family think of my life at the	

moment: (Parent/carer relative views)	
This is what my family want for me in the future: (Parent/carer relative views)	
This is what my school	Attendance:
think about my progress and what I need to do	Academic progress:
next (include targets):	Social Progress:
	Inclusion in school life:
This is what my social worker thinks: (delete row if n/a)	
This is what my careers adviser thinks: (delete row if n/a)	
This is what my health professionals think: (delete row if n/a)	
This is the support my family would like, to help them to help me progress and achieve my goals:	

My Action Plan: This includes my overall outcomes (what I need to achieve to help me in adulthood).

Targets: My targets are the steps I need to take to help me achieve my goals (outcomes). My action plan records my progress against my agreed targets from last year (taken from my current EHC Plan, Statement of SEN or IEP) including my successes. My current targets include those agreed throughout the year and at my meeting *(insert/delete rows and sections as appropriate)*

The support I need for: Education and learning (for life and work)			
Intend	ed Overall Outcome:		
Date set:	Target:	This is the support I have/will receive(d) to help me achieve my target:	Progress
The su	The support I need for: Communicating and interacting with others		
Intend	ed Overall Outcome:		
Date set:	Target:	This is the support I have/will receive to help me achieve my target:	Progress
The su	upport I need for: Friendships, relationships	and being part of my community	
Intend	ed Overall Outcome:		
Date set:	Target:	This is the support I have/will receive to help me achieve my target:	Progress

The su	pport I need for: My social, emotional and m	nental health needs	
Intend	ed Overall Outcome:		
Date set:	Target:	This is the support I have/will receive to help me achieve my target:	Progress
The su	pport I need for: My independence and pers	onal care needs (delete if n/a)	
Intend	Intended Overall Outcome:		
Date set:	Target:	This is the support I have/will receive to help me achieve my target:	Progress
The su	upport I need for: My physical needs (delete i	if n/a)	
Intended Overall Outcome:			
Date set:	Target:	This is the support I have/will receive to help me achieve my target:	Progress
The er	upport I pood for: My concerv poods (delete i	f n/o)	
	Ipport I need for: My sensory needs (delete i ed Overall Outcome:		
Date set:	Target:	This is the support I have/will receive to help me achieve my target:	Progress

The su	pport my family needs, to help the	nem to support me	
Intend	ed Overall Outcome:		
Date set:	Target:	This is the support I have/will receive to help me achieve my target:	Progress
The su	pport (health provision) I need fo	or my health/medical needs (delete if n/a)	
Date set:	Intended Outcome:	This is the support I have/will receive to help me achieve my target:	Progress
The su	pport I need for my social care n	eeds (delete if n/a)	
Date set:	Intended Outcome:	This is the support I have/will receive to help me achieve my target:	Progress

Other information, including actions required e.g. additional assessment advice required