# Annual review

Education, health and care (EHC) plan

## Details of child or young person (A)

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Date of birth | Click or tap to enter a date. |
| Current education establishment | Click or tap here to enter text. |
| Year group | Choose an item. |

### Details of this review (B)

|  |  |
| --- | --- |
| Date of this review | Click or tap to enter a date. |
| Date of last review | Click or tap to enter a date. |
| Date of current EHC plan | Click or tap to enter a date. |

### Background advice, reports and distribution (C)

The **Special educational needs and disability code of practice: 0 to 25 years** (in §9.176) states that reports from relevant parties should be sought, as well as a report from the nursery/school/college.

All reports **must** be circulated to participants **at least 14 days** before the review.

All background reports also need to be included when you return this review.

#### Parents’ or carers’ views (C1)

|  |  |  |
| --- | --- | --- |
| **Did you request parents’/carers’ views beforehand?** | | Choose an item. |
| ****If not, please explain any reasons or barriers you had.****  Click or tap here to enter text. | | |
| **If requested, date requested** | Click or tap to enter a date. | |
| **If requested, was anything received?** | Choose an item. | |
| **If received, date received** | Click or tap to enter a date. | |

#### Social care report (C2)

|  |  |  |
| --- | --- | --- |
| **Is the child/young person known to social care?**  If no, go to next section. | | Choose an item. |
| **If yes, have you requested an updated report?** | | Choose an item. |
| ****If not, please explain any reasons or barriers you had.****  Click or tap here to enter text. | | |
| **If requested, date requested** | Click or tap to enter a date. | |
| **If requested, was anything received?** | Choose an item. | |
| **If received, date received** | Click or tap to enter a date. | |

#### Health services (C3)

|  |  |  |
| --- | --- | --- |
| **Is the child/young person known to any health services?**  If no, go to next section. | | Choose an item. |
| **If yes, have you requested updated advice from the service(s)?** | | Choose an item. |
| ****If not, please explain any reasons or barriers you had.****  Click or tap here to enter text. | | |
| **If requested, was anything received?** | Choose an item. | |

#### Other services (C4)

|  |  |  |
| --- | --- | --- |
| **Is the child/young person known to other services?**  If no, go to next section. | | Choose an item. |
| **If yes, which service(s)?** List all | Click or tap here to enter text. | |
| **If yes, have you requested any updated report(s)?** | | Choose an item. |
| ****If not, please explain any reasons or barriers you had.****  Click or tap here to enter text. | | |
| **If requested, was anything received?** | Choose an item. | |

#### Report distribution (C5)

|  |  |
| --- | --- |
| **Were all reports distributed at least 14 days before the review?** | Choose an item. |
| ****If not, please explain any reasons or barriers you had.****  Click or tap here to enter text. | |

### Attendance at the review (D)

#### The child or young person (D1)

There is an assumption that the child/young person should attend their own review – even if only for part of the review.

|  |  |
| --- | --- |
| **Did the child/young person attend the review?** | Choose an item. |
| **If not, please explain any reasons or barriers you had to the child/young person attending.**  Click or tap here to enter text. | |
| **If the child/young person didn’t attend, how have their views been collected?**  Click or tap here to enter text. | |

#### Others participants (D2)

##### Parent(s) or carers(s)

|  |  |
| --- | --- |
| **Did you ask parents/carers to attend the review?** | Choose an item. |
| **If not, please explain any reasons or barriers you had to inviting them.**  Click or tap here to enter text. | |

**Parent/carer (1)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Click or tap here to enter text. | | |
| Contact email | Click or tap here to enter text. | | |
| Contact phone | Click or tap here to enter text. | | |
| ****Did they attend?**** | Choose an item. | Report provided? | Choose an item. |

**Parent/carer (2)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Click or tap here to enter text. | | |
| Contact email | Click or tap here to enter text. | | |
| Contact phone | Click or tap here to enter text. | | |
| ****Did they attend?**** | Choose an item. | Report provided? | Choose an item. |

##### SENCO

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Click or tap here to enter text. | | |
| Contact email | Click or tap here to enter text. | | |
| Contact phone | Click or tap here to enter text. | | |
| ****Did they attend?**** | Choose an item. | Report provided? | Choose an item. |

##### Other education staff

|  |  |
| --- | --- |
| **Did other education staff attend the review?** | Choose an item. |

If yes, please add their details. You can duplicate (+) the table as many times as needed

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Position | Click or tap here to enter text. |
| Contact email | Click or tap here to enter text. |
| Contact phone | Click or tap here to enter text. |
| Did they provide advice? | Choose an item. |

##### EHC plan officer

EHC plan officers only attend annual review meetings in exceptional circumstances.

|  |  |
| --- | --- |
| Were they invited? | Choose an item. |
| Name | Click or tap here to enter text. |
| ****Did they attend?**** | Choose an item. |

##### Social care (if involved)

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Click or tap here to enter text. | | |
| Contact email | Click or tap here to enter text. | | |
| Contact phone | Click or tap here to enter text. | | |
| ****Did they attend?**** | Choose an item. | Report provided? | Choose an item. |

##### Health services (if involved)

|  |  |
| --- | --- |
| **Did any health representatives attend the review?** | Choose an item. |

If yes, please add their details. You can duplicate (+) the table as many times as needed

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Position | Click or tap here to enter text. |
| Contact email | Click or tap here to enter text. |
| Contact phone | Click or tap here to enter text. |
| Did they provide a report? | Choose an item. |

##### Other (if involved)

|  |  |
| --- | --- |
| **Did any others attend the review?** | Choose an item. |

If yes, please add their details. You duplicate (+) the table as many times as needed

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Position | Click or tap here to enter text. |
| Contact email | Click or tap here to enter text. |
| Contact phone | Click or tap here to enter text. |
| Did they provide a report? | Choose an item. |

### EHC plan review – section A of plan (E)

Please review section A of the EHC plan and, if necessary, suggest any updates to the plan. Please use **bold** for any suggested additions and ~~strike through~~ for any suggested deletions.

|  |  |
| --- | --- |
| **Are there any updates to Section A of the EHCP?**  ***Section A should come directly from parents and child/young person. It should not include the opinion of professionals unless requested by parents/carers.*** | Choose an item. |

#### The child’s or young person’s views and aspirations (E1)

|  |
| --- |
| **Please give the child/young person’s current views on their current education. As examples, what is working well? Or what would they would like more support with?**  Click or tap here to enter text. |
| **Please give the child/young person’s aspirations. Please explain how these have been gathered.**  **Where would they like to live? And who with?**  Click or tap here to enter text.  **What things do they like to do in their spare time? Do this things help them feel healthy? Mentally? Physically?**  Click or tap here to enter text.  **How do they get on with their family? Friends? Community? Do they access any activities outside home?**  Click or tap here to enter text.  **What are their hope and dreams about work? Do they have a specific job in mind? Indoor work? Outdoor work?**  Click or tap here to enter text.  **Any other comments?**  Click or tap here to enter text. |

#### The parents’ or carers’ perspective (E2)

|  |
| --- |
| **Please give the parents’ or carers’ current views on their child’s current education. As examples, what is working well? What do they think their child needs more support with?**  Click or tap here to enter text. |
| **Please give the parents’ or carers’ aspirations for their child.**  Click or tap here to enter text. |

### School information

#### View of school/setting (E3)

|  |
| --- |
| **Please give a summary of the school’s/setting’s views on what is working well and what the current challenges are?**  Click or tap here to enter text. |

#### Attainment and progress (E4)

Please make sure this is in a format that people who do not work in your school/setting can understand. If you are using a setting-specific attainment system you **must** send in an explanation with this.

|  |  |  |
| --- | --- | --- |
| **Current levels** | **Progress** | **Comments** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

### EHC plan review – section B of plan (F)

Please review section B of the EHC plan and, if necessary, suggest any updates to the plan.

|  |  |
| --- | --- |
| **Are there any changes in the needs or strengths of this child/young person?** | Choose an item. |

You must amend the plan to reflect your suggested changes. Please use **bold** for any suggested additions and ~~strike through~~ for any suggested deletions.

Any suggested changes must be evidenced. As examples, medical letters; assess, plan, do, review cycles.

Please remember that any new needs must be covered by one of the outcomes and must have related provision.

#### Sections E and F of the EHC plan (F1)

The code of practice 2015 (in §9.166) states that annual reviews must focus on the child’s/young person’s progress towards achieving the outcomes specified in the EHC plan and whether these outcomes remain appropriate.

Please populate this table from the current EHC plan.

| **Current outcome**  Cut and paste from EHC plan | **Progress towards this outcome**  Is the outcome met? Do you have any additional comments? | **Does this outcome remain appropriate?** | **Any new educational provision suggested to meet this outcome.**  Any provision no longer needed should be struck through in the EHC plan | **Is this outcome a** Prepare for Adulthood **outcome?** |
| --- | --- | --- | --- | --- |
| Click or tap here to enter text. | Choose an item.  Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | Choose an item.  Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Choose an item. |
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|  |  |
| --- | --- |
| **If outcomes have been met and are no longer required can this child/young person now be supported without an EHC plan?** | Choose an item. |

If not, please include your proposed new outcomes below.

#### F2 Proposed new outcomes (F2)

Outcomes **must** be **SMART** (specific, measurable, achievable, relevant, and time-bound). They must also include clear success criteria and should be set for the end of the following key stage. Each child or young person should have an average of 4 – 6 outcomes dependent on their needs.

Provision must be suggested for new outcomes and must be quantified and specified.

|  |  |  |
| --- | --- | --- |
| **SMART outcome** | **Educational provision suggested to meet this outcome** | Is this a **Prepare for Adulthood** outcome?  If so, which area? |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |

#### Key stage 4 and Post-16 (F3)

Please go to the next section if the child or young person is not KS4 or Post-16

|  |
| --- |
| **What course (and level) is the young person currently studying ? Are they on track to achieve (what grades?)**  Click or tap here to enter text. |
| **What course (and level) is the young person planning to study in the next academic year?**  Click or tap here to enter text. |

#### Social care needs (F4)

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| --- | --- |
| **If this child/young person is not known to social care, are there now new social care needs that cannot be met through the local offer/universal service and warrant a referral, or is this young person at a transition point to adulthood and has needs of a level that may require social care provision?** | Choose an item. |

##### Health needs (F5)

|  |  |  |
| --- | --- | --- |
| **Are there new health needs that that cannot be met through the local offer/universal services and warrant a referral?** | | Choose an item. |
| **If yes, to which service?** | Click or tap here to enter text. | |
| **Please give the date of the referral** | Click or tap to enter a date. | |

|  |  |
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| **Are there any new health needs? Such as new diagnoses?**  *You will need to include evidence of any new health needs when you return this review. We will not be able to include them without evidence.* | Choose an item. |

|  |  |
| --- | --- |
| Young people (aged 14 or over) living with ASD and/or a learning disability are entitled to an annual health check through their GP.  **Please confirm that the young person and their parents/carers have been informed or choose not applicable.** | Choose an item. |

### Summary of recommendations from review (G)

|  |  |
| --- | --- |
| **Recommended outcome**  Choose an item. | |
| **Is this a transition year for the child or young person?** | Choose an item. |
| **If this is a transition year, please add one preference that either the child/young person or the parents/carers has expressed.** | Click or tap here to enter text. |

*Please make sure you complete the* [*Additional Needs survey*](https://yourvoicesolihull.uk.engagementhq.com/additional-needs-survey/survey_tools/children1) *with the child or young person so their views can effect what happens in Solihull.*

We also have the QR code which may be helpful if the SENCO just wants a parent to take away.

A qr code with black squares

Description automatically generated