**Date of Annual Review Meeting: Setting:**

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*This is an editable WORD document and should, wherever possible, be completed electronically. Rows can be added or deleted as necessary. The setting should fill in as much as possible and send out to the parents/carers two weeks prior to the Annual Review meeting.*

*The EHC Plan must be reviewed annually, however there is no expectation that it will require amending annually. Amendments are required when there are significant changes to the needs, outcomes or provision.*

*(EHCP’s may not need to be amended on a very frequent basis* *section 9.153 CofP)*

\*compulsory

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Child/Young Person:\* | | | | Date of Birth:\* | | | |
| UPN:\* | | | | ULN:\* | | | |
| **Attendance Data:**Please give % attendance data | | | | | | | |
| Attendance (current year) = | | | | Attendance (Previous year) = | | | |
| **Record of people invited to and who attended the meeting:** | | | | | | | |
| Name | Role and/or relationship to family | | | Invited  Yes/No | Attended  Yes/No | | Report requested/received  Yes/No |
|  | Lead Professional | | |  |  | |  |
|  | Child/Young Person | | |  |  | |  |
|  | Parent/Carer | | |  |  | |  |
|  |  | | |  |  | |  |
| **Child’s/Young Person’s and Parent/Carer views and aspirations** | | | | | | | |
| Complete the relevant templates from Section 7 to reflect current views. | | | | | | | |
| **Briefly review the progress towards current outcomes:** | | | | | | | |
| Are the outcomes as identified in the EHCP remaining the same? Yes/No  Evidence of short term outcomes must be attached to the AR Paperwork. | | | | | | | |
| **Summary of key action points from annual review meeting (Record of discussion)** | | | | | | **Action**  **(by whom/when)** | |
|  | | | | | |  | |
| **Request for a change of Banding (Mainstream settings only):** | | | | | | | |
| From… To…  Please provide details (e.g. a costed provision map) if the request is for an increase in Banding. | | | | | | | |
| **Personal Budget:** | | | | | | | |
| Would the young person, parent or carer want more information on Personal Budgets?  Yes / No / Want more information before deciding  <http://www.telfordsend.org.uk/localofferservices/homepage/10/personal_budgets>  If a personal budget is already in place please ensure this section of the plan is updated from the current Care Plan (Social Care to provide). | | | | | | | |
| **Transport:** Only complete this section if the pupil has transport. | | | | | | | |
| Please identify current travel arrangements: | | | | | | | |
| School Bus 🞏 | Taxi 🞏 | | Bus Pass 🞏 | | | Other (specify) 🞏 | |
| *What special travel arrangements are in place to meet the particular needs of the child/young person?*  *Could the young person be considered for independent travel training?* | | | | | | | |
| *Does this include a passenger assistant?* | | | | | | | |
| *Any other comments about the child/young person’s travel arrangements?* | | | | | | | |
| **Recommendations (\*delete as appropriate)** | | | | | | | |
| Maintain EHCP | | Yes/No\* | If Yes; All agree that long-term/short-term outcomes remain appropriate and that the level of support is sufficient to meet needs. | | | | |
| Amend EHCP | | Yes/No\* | If Yes, which sections are you changing? (Circle/Highlight) a, b, c, d, e, f, g, h, i, j, k, l  If an increase / decrease in Banding is requested please ensure the Banding section above has been completed or complete Template 1. | | | | |
| Cease EHCP | | Yes/No\* | If Yes; please give details and signpost to evidence to support the cease request (ie: child/young person’s needs can be fully met at SEN Support) | | | | |
| Reassessment of needs | | Yes/No\* | If Yes; please explain why reassessment of needs is being requested (**note: this will start the 20 week process**). | | | | |
| **Agreement of content of review:** | | | | | | | |
|  | Signature | | Printed | | | Date | |
| Head Teacher  (or equivalent) |  | |  | | |  | |
| SENCo  (or equivalent) |  | |  | | |  | |
| Parent/Carer |  | |  | | |  | |
| Child/Young Person |  | |  | | |  | |
|  | | | | | | | |
| **Agreement of Parent / Carer to share documents related to the review:** | | | | | | | |
| Child/Young Person’s name: Date: | | | | | | | |
| * I/we agree with papers being shared with educational settings, schools and professionals as and when appropriate.   Privacy Notice under the Data Protection Act  Telford & Wrekin Council are collecting Personal Identifiable Information to enable the best possible advice and support to be provided and to meet the statutory requirements under the Children and Families Act 2014. We need to collect this information in order to consider your request for an Education Health Care Needs Assessment. This information is being processed under DPA – Schedule 2 (2a) (GDPR 2018 -Article 6 (1) (c), Article 6(1)(e) and Article 9(2)(g).  Telford & Wrekin Council will not share any Personal Identifiable Information collected with external organisations unless required to do so by law. However, this information will be shared within Telford & Wrekin Council and partners agencies (Department of Education, NHS, Schools/settings, and Early Years providers) solely for the purpose of providing support to you and your family. For further details on the council’s privacy arrangements please view the privacy page on the council’s website page <http://www.telford.gov.uk/terms> | | | | | | | |
| Signed: Date:  (Parent / Carer)  Delete as appropriate | | | | | | | |
| Signed: Date:  (Parent / Carer)  Delete as appropriate | | | | | | | |
| Signed: Date:  (Child/Young Person – if appropriate)  Delete as appropriate | | | | | | | |