|  |  |
| --- | --- |
| Name of setting / school / college |  |
| Date of current EHC Plan |  |

1. **CHILD/YOUNG PERSON DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | A repeat of information contained in the EHCP but repeated for ease of reference and to allow a double check for administrative purposes.  Details of carers/looked after status/pupil premium eligibility may have altered between reviews.  It is helpful if you can indicate if information has changed. For example by putting: “note new address” | Preferred Name |  |
| Date of Birth |  | Gender |  |
| Address & contact details |  | Home Language |  |
| Ethnicity |  |
| Unique Pupil No. |  |
| Telephone |  | NHS No. |  |
| Email |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| NC Year Group |  | Is child/young person in their chronological year group? | Y / N |
| Is child/young person eligible for pupil premium? | Y / N | Is child/young person Looked After | Y / N |

1. **ADVICE TO LOCAL AUTHORITY FOLLOWING THIS REVIEW - full details to be included further on**

**(*“EHC Plans are not expected to be amended on a very frequent basis.”*  SEND Code of Practice 0 – 25 Years, 2015, para 9.193)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Indicate clearly with a ✓ whether   * the plan should be ceased to be maintained OR * no amendments need to be made OR * The section/sections where amendments need to be made. | Tick as req’d |  | Tick as req’d |  | Tick as req’d |
| Cease to maintain Plan |  | Amend section C |  | Amend section H1 |  |
| Make no amendments |  | Amend section D |  | Amend section H2 |  |
| Amend front page as above |  | Amend section E |  | Request re section I |  |
| Amend section A |  | Amend section F |  | Request re section J |  |
| Amend section B |  | Amend section G |  |

1. **FOR STUDENTS IN YEARS 10 AND ABOVE - POST 16 INTENTIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| Intended post-16 destination, e.g. name of college, work etc  Not Applicable for Early Years Children |  | Intended Start date |  |
| Is referral to Adult & Family Wellbeing required/completed? | Y/N | Who will refer? |  |
| Is a mental capacity assessment required? | Y/N | Connexions form Preparation for the Future is attached | Y/N |

1. **ATTENDEES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name  List of those invited to the meeting. Parents/carers and all involved professionals should be invited, including those listed on the EHCP. Indicate whether they attended, whether they submitted a report or other contribution (i.e. verbally at meeting). Everyone invited will need to receive a copy of this completed form and any associated reports. | Role | Attended  Y/N | Report provided & attached  Y/N | Other contribution  Y/N |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

1. **REVIEW OF ACTIONS & PROGRESS MADE SINCE PREVIOUS REVIEW/EHCP ISSUED**

|  |  |
| --- | --- |
| Actions agreed at last review & action taken/progress made  Note any actions from the last review and any related action undertaken |  |
| Report on progress towards Long-term Outcomes (refer to Annex A reviews and append as necessary)  Summary of progress towards long term outcomes –any significant changes to outcomes will be indicated in section 9 of this form. |  |

1. **OTHER DOCUMENTS APPENDED TO THIS REPORT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Views of the child/young person  Indicate clearly the documents that will be attached to the report and remember to include them with your form!  If issues are discussed at the meeting but the parents’ or professionals’ views are not included in reports, details should be added here. | Y / N | Views of parents/carers | Y / N | Views of setting/ school/college | Y / N |
| Reports from other professionals please list: |  | | | | |
| Any views expressed at the meeting but no written report provided |  | | | | |

1. **BRIEF NOTES OF DISCUSSION/VIEWS OF ATTENDEES not covered elsewhere**

|  |
| --- |
| Summary – of any points of discussion that are not recorded elsewhere in the report. Can be bullet pointed |

1. **RECOMMENDATION TO CEASE EHC PLAN - please indicate reason(s) by ticking**

|  |  |  |  |
| --- | --- | --- | --- |
| Outcomes have been achieved |  | Student can be supported at SEN Support level |  |
| Student is leaving school and will not require such a high level of support at college/apprenticeship |  | Student is leaving education |  |

1. **RECOMMENDED AND NECESSARY CHANGES TO EHC PLAN - as indicated on front page of this document. (*“EHC Plans are not expected to be amended on a very frequent basis.”*  SEND Code of Practice 0 – 25 Years, 2015, para 9.193)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Section | Complete the requested changes below. (Changes to provision must be supported by written evidence) | | | | | | Evidence e.g. SALT report summary |
| A | Please attach updated Section A/All About Me | | | | | |  |
| B |  | Strengths | | | Areas for development | |  |
| Communication & Interaction  Indicate clearly on this form any alterations to the child’s EHCP. The lettering corresponds with the sections of the EHCP.  Also indicate attached evidence that supports the need for changes.  The boxes on the form will expand to allow you to add more information.  These alterations will be considered by the Local Authority and where appropriate an amended EHCP will be issued |  | | |  | |
| Cognition & Learning |  | | |  | |
| Social, Emotional & Mental Health |  | | |  | |
| Sensory & Physical |  | | |  | |
| C |  | | | | | |  |
| D |  | | | | | |  |
| E |  | | | | | |  |
| F | Provision | | | Who will do it? | | When will it happen? |  |
|  | | |  | |  |
| G | Provision | | | Who will do it? | | When will it happen? |  |
|  | | |  | |  |
| H1 | Provision | | | Who will do it? | | When will it happen? |  |
|  | | |  | |  |
| H2 | Provision | | | Who will do it? | | When will it happen? |  |
|  | | |  | |  |
| I |  | | | | | |  |
| J | Outcomes for which PB is to be used | | Provision Arrangements proposed | | | Amount of PB requested |  |
|  | |  | | |  |

1. **ANNEX A (or IEP etc) AMENDMENTS TO BE APPENDED TO EHCP (these do not require amendments to the EHC Plan)**

|  |  |
| --- | --- |
| Amendments |  |
| To be made by |  |
| By when |  |

1. **ACTION REQUIRED AS A RESULT OF THIS REVIEW**

|  |  |
| --- | --- |
| **Action**  List any actions to support the achievement of any revised outcomes, or to make further progress towards the outcomes already set out in the detail, who is responsible for undertaking the action or coordinating the action. | **Who, of the attendees, is responsible?** |

1. **ANY OTHER INFORMATION not recorded elsewhere**

|  |
| --- |
| Add any additional information that does not fit into any other part of the form. |

**13. CONFIRMATION OF ACCURACY OF SUMMARY**

This is to be signed and dated by the Head of Setting or by the chair of the review meeting on their behalf. The document must be sent to the SEN Team within 10 calendar days, in Word format.

SEN Team, Buckinghamshire County Council, Aylesbury HP20 1UZ

It is a good idea to put a contact phone number and email in case of queries.

|  |  |
| --- | --- |
| Compiled by (name & role) |  |
| Signed |  |
| Date |  |

1. **Phase Transfers only. Please arrange for this to be completed at the Annual Review. In the Annual Review for NCY -1, 1 (infant schools only) 5 and students intending to transfer to FE provision.**

**Transfer Review Summary**

|  |
| --- |
| **To be completed by school**  Recommendation from the Annual Review on type of provision required e.g. mainstream/ARP/Special etc:  This form should be completed if the child is due to transfer to school  This section should be completed by the SENCO or Head of Setting  It is essential that the annual review recommendations for future provision are completed. Schools and other professionals should not identify particular schools/settings, rather the type of setting i.e. mainstream, ARP or special, whichever is deemed to be appropriate |

|  |
| --- |
| **To be completed by parents/carers or young person**  Preference(s) for next school/setting:  (Transport may not be provided if this is not the nearest appropriate school and/or is under 3 miles)  This section should be completed by the parents or carers.  Parents should be asked to indicate their preferred next school/setting/college and sign at the bottom of the page.  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**GUIDANCE NOTES FOR COMPLETING THE SUMMARY DOCUMENT**

|  |
| --- |
| 1. **Details of Child/Young Person and Parent/Carer**   A repeat of information contained in the EHCP but repeated for ease of reference and to allow a double check for administrative purposes. Details of carers/looked after status/pupil premium eligibility may have altered between reviews. |
| **2. Advice to Local Authority**  This summaries the conclusions reached by the Review which have an effect on the child/young person’s story or the outcomes (and hence resources etc). It can be to cease the EHCP or to make no amendments. If changes to the Plan are required, or there is a recommendation to cease an ECHP these need to be detailed in Section 9. and must be accompanied by relevant evidence. Please be mindful that the Department for Education states that “EHC plans are not expected to be amended on a very frequent basis.” Para 9.193 SEND Code of Practice, January 2015. |
| **3. Information relating to Students in Years 10 and above**  For these older students it is essential that this section is completed at each annual review. |
| **4. – 7. Background to Review and Discussion**  A record of those invited to attend; those who attended; and the information provided to assist the review, not all of which may be added to the Plan.  A record of the discussion during the Review of the progress against the outcomes determined in the Plan and in Annex A. It should record those outcomes that have been met and the reasons why any outcomes have not been achieved. |
| **8. Recommendation to Cease the EHC Plan**  It will need to focus on the actions required following the Review to support the achievement of any revised outcomes or to make further progress towards the outcomes already set out in the Plan. |
| **9. Recommended Amendments to the EHC Plan**  Clear details of the amendments requested; and where to find the evidence which supports them. These will be considered by the Local Authority and where appropriate an amended EHCP will be issued. |
| **10. Annex A (or equivalent document)**  Details of the amendments to short and long term outcomes; who is to support them and by when they should be achieved. |
| **11. Actions Required Following the Meeting**  It will need to focus on the actions required following the Review to support the achievement of any revised outcomes or to make further progress towards the outcomes already set out in the Plan. |
| **12. – 13. Any other Information of note and Confirmation of Accuracy of Summary**  This is to be signed and dated by the Headteacher/Principal or by the chair of the review meeting on their behalf. The document must be sent to the SEN Team within 10 calendar days, in Word format. |
| **14. Transfer Review Summary (complete for phase transfers only)**  It is essential that the annual review recommendations for future provision are completed. Schools and other professionals should not identify particular schools/settings, rather the type of setting i.e. mainstream, ARP or special which is deemed to be appropriate.  Parents should be asked to indicate their preferred next school/setting/college and sign at the bottom of the page. |