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

1. **CHILD/YOUNG PERSON DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | 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)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 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 |  | 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 | Role | Attended  Y/N | Report provided & attached  Y/N | Other contribution  Y/N |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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

|  |  |
| --- | --- |
| Actions agreed at last review & action taken/progress made |  |

|  |
| --- |
| Report on progress towards Long-term Outcomes |

|  |  |  |  |
| --- | --- | --- | --- |
| Outcome from EHC Plan | Strategies used | Progress towards outcome | Is the outcome still required? Yes/No |
| E1 |  |  |  |
| E2 |  |  |  |
| E3 |  |  |  |
| E4 |  |  |  |
| etc |  |  |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Views of the child/young person | 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**

|  |
| --- |
|  |

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 |  | | |  | |
| 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** | **Who, of the attendees, is responsible?** |

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

|  |
| --- |
|  |

**13. CONFIRMATION OF ACCURACY OF SUMMARY**

|  |  |
| --- | --- |
| 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: |

|  |
| --- |
| **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)  **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. |