



Annual review for

«Child_Forename1»

«Child_Surname»

Insert photo

Date plan was finalised

Date of last reviewed

Date of this review

Recommendation to:

- Maintain
- Cease
- Change of provision and placement

Amend



Annual Review Agenda

1. Welcome and introductions (invite the child/ young person to AR)
2. Celebration of success, what's working well? (share pupils work/photo's)
3. Child / young person's views
 - What the child / young person believes they are good at / what are their strengths
 - What is important to the child/ young person now and in the future?
4. Parent's views – hopes and aspirations
5. Transport considerations
6. Health care needs
7. Social care needs
8. Review of Personal Budget
9. Evaluation of progress against Education, Health and Care Plan outcomes and appropriateness of provision including:
 - Review of provision map / IEP, showing in-school support and input from other agencies
 - Review of any data available from professionals – levels, standardised scores, attendance
 - Strategies that are working
 - What's not working
10. Plan anticipated outcomes and priorities for the coming year (Secondary – Pathway to the future?)
11. Action planning – what are the next steps and who will take them forward
12. Summary of meeting – recommended outcome for this Annual Review

Child / Young person's details

Surname:	«Child_Surname»	Forename (s):	«Child_Forename1» «Child_Forename2»
Date of birth:	«ChildDOB»	Gender:	«Gender»
Home address: (Including postcode)	«Child_Add1» «Child_Add2» «Child_Add3» «Child_Add4» «Child_Add4» «Child_Add5» «Child_Add6» «Child_PCode»		
Home language:		Religion:	
Legal Status: (if applicable)	«Child_Legal_Status»	NHS Number:	
Social Care Number:			

Child/Young Person's Parent/Carer Information

Surname:	«Parent_Sname»	Title and Forename (s):	«Parent_Title» «Parent_Fname»	
Relationship to child:		Parental Responsibility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home address: (Including postcode)	«ParentAddr1» «ParentAddr2» «ParentAddr3» «ParentAddr4» «ParentAddr5» «ParentAddr6» «ParentPcode»			
Home telephone number:	«ParentTel»	Work telephone number:		
Mobile telephone number:	«ParentMobile»	Email address:	«ParentEmail»	

Child/Young Person's Education Information

Current Educational Setting:	«School»	Start date:	
Address: (Including postcode)	«School_Addr1» «School_Addr2» «School_Addr3» «School_Addr4» «School_Addr5» «School_Addr6» «School_Pcode»		
Type of School:		Unique pupil number:	«Child_UPN»

Annual Review Meeting Details

Name	Role	Attended	Report

What's working well

Sharing pupils work/photos

What the child believes they are good at

Future pathway

Summary of the child, parent and school views

Further information

Health Needs
Social Care Needs
Personal Budget
Travel Considerations

Progress, provision and outcomes

Communication and interaction	
Progress over the past year	Levels/ description
Update SEN needs	
Outcomes – Do any of the outcomes need to be changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes provide updated outcomes below:	
Review of current provision (to include any external support / therapy)	

Cognition and learning	
Progress over the past year	Levels/ description
Update SEN needs	
Outcomes – Do any of the outcomes need to be changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes provide updated outcomes below:	
Review of current provision (to include any external support / therapy)	

Social, emotional and mental health	
Progress over the past year	Levels/ description
Update SEN needs	
Outcomes – Do any of the outcomes need to be changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes provide updated outcomes below:	
Review of current provision (to include any external support / therapy)	

Sensory and physical	
Progress over the past year	Levels/ description
Update SEN needs	
Outcomes – Do any of the outcomes need to be changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes provide updated outcomes below:	
Review of current provision (to include any external support / therapy)	

Action Planning: What are the next steps? Who will take forward?

ACTIONS	NAME

Recommended outcome for this annual review

Maintain current EHC Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No then please complete below)</i>
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Cease Education, Health and Care Plan	<input type="checkbox"/>
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Amendments required to the Education, Health and Care Plan:* Please indicate the amendments required to the current EHC Plan below	<input type="checkbox"/>
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Please tick all that are appropriate:

Significant needs recorded on the EHC Plan have changed

Significant new evidence has emerged which is not recorded on the EHC Plan

Enhanced provision is required to meet the child / young person's changing needs or progress towards outcomes

Significant changes to outcomes recorded on the EHC Plan are required

Changes to the educational placement recorded on the EHC Plan is required.

*Must provide supporting evidence and details of any amendments required

NB: The Local Authority will only consider amending the EHC Plan in exceptional circumstances and if there have been significant changes to the child / young person's needs and / or provision

Advice and information

The following must be attached:

Pupil views • Parent views • Provision map /IEP • Additional advice

Title	Date

Name

Designation

Date