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**Education, Health and Care Plan**

**(EHC Plan) Annual Review Report**

[Full Name (plus ‘known as’, if appropriate) and DOB]

|  |  |  |  |
| --- | --- | --- | --- |
| **Annual Review Meeting Date** |  | **Date of current EHC Plan being reviewed** |  |

|  |
| --- |
| Please note that all requested changes **must be made directly onto the current**  **EHC Plan using ‘tracked changes’** and submitted with this report.  Please complete this document electronically and mark the relevant boxes with an ‘X’ |

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# **Introduction**

The Local Authority (LA) must review all Education, Health and Care (EHC) Plans at least annually. For children under 5 years, EHC Plans **must** be reviewed every 3 to 6 months (SEND Code of Practice (CoP) 9.178).

The Annual Review is more than just a review meeting, it is a process that **must** be completed on or before the anniversary of when the EHC plan was first issued or the anniversary of the last review.

The SEND Code of Practice clearly states that the Annual Review meeting:

1. **Must** focus on progress made towards achieving outcomes.
2. **Must** establish whether the current outcomes remain appropriate and, if required, agree new ones.
3. **Must** review the short-term targets and set new ones (these will be detailed in the Individual Support Plan or equivalent document, maintained by the educational setting).
4. **Must** review the special educational provision and the arrangements for delivering it to ensure it is still appropriate and enabling good progress.
5. Should review any health and social care provision and check its effectiveness towards achieving the outcomes.
6. Should check if the aspirations have changed (consider them in the context of paid employment, independent living and community participation) (CoP 9.69).
7. **Must** check if the parent/YP would like to request a Personal Budget.

# A picture containing icon Description automatically generated**SECTION 1. General information and questions**

## **Current Educational Placement Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Educational placement name, address and phone number |  | | | |
| Date of admission |  | | | |
| Current NC year group |  | | | |
| Placed out of chronological age group? | Yes |  | No |  |
| Name of the course being studied (if in post-16 education) |  | | | |
| Number of years into the course (if in post-16 education) |  | | | |

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|  |  |  |  |
| --- | --- | --- | --- |
| Did the child /young person attend the meeting? |  | Have their views been considered and attached? |  |
| Did the child’s parent / carer attend the meeting? |  | Have their views been considered and attached? |  |

## **Attendance at the meeting**

**Practitioners working with / supporting the Child/Young Person and**

**their family**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of practitioner | Job title and service | Contact details | Invited to the Annual Review? | | Attended the Annual Review? | | Report provided? | |
| Yes | No | Yes | No | Yes | No |
|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |

Please add further rows to this table as required

# **SECTION 2. Review and updates from the last year**

**The child /young person’s education experience**

|  |  |  |
| --- | --- | --- |
|  | **My views** | **Others’ views**  (Please write the contributors’ initials next to each comment) |
| The child /young person’s skills and qualities |  |  |
| What is working well and what they enjoy |  |  |
| Their progress and achievements |  |  |
| Areas to develop or work on |  |  |
| How they prefer to be supported |  |  |
| Their future goals and aspirations |  |  |

**Academic progress and levels of attainment over time**

**Please attach a copy of any progress reports**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SATS or teacher assessments** | **Outcomes of any previous assessments** | **Date of previous assessments** | **Outcomes of most recent assessments** | **Date of most recent assessments** |
| End of foundation stage / baseline assessments |  |  |  |  |
| Reading |  |  |  |  |
| Writing |  |  |  |  |
| Comprehension |  |  |  |  |
| Mathematics |  |  |  |  |
| Science |  |  |  |  |
| Others – please specify |  |  |  |  |

Please add further rows to this table as required

**Attendance record for the last year**

**Please attach a copy of the attendance data**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Autumn term attendance |  | Total attendance | | | | | |  |
| Spring term attendance |  | Total authorised absence | | | | | |  |
| Summer term attendance |  | Total unauthorised absence | | | | | |  |
| If attendance was below 90%, was a referral to Early Help completed? | | | Yes | |  | | No |  |
| Please give details: | | | | | | | | |
| If the Child or Young Person is of statutory school age, are they receiving full time education? | | | Yes |  | | No | |  |
| If not receiving full time provision, please give reasons for this: | | | | | | | | |
| Have there been any Fixed Term Exclusions? | | | Yes |  | | No | |  |
| If yes, please detail the dates, duration and the reasons for these: | | | | | | | | |
| Any other relevant information: | | | | | | | | |

**Alternative Provision**

**Please attach a copy of the report from the Alternative Provision provider where applicable**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the Child/Young Person currently receiving Alternative Provision (AP)? | Yes |  | No |  |
| Is Alternative Provision (AP) being considered for this Child/Young Person | Yes |  | No |  |
| What is/was the AP start date? |  | | | |
| How many hours per week of AP is being provided? |  | | | |
| What is the type of AP?  Please select as necessary | Engagement & Re-engagement | | |  |
| Therapeutic | | |  |
| Counselling | | |  |
| Vocational and Employability | | |  |
| Teaching | | |  |
| What is the aim of providing AP and how is it linked to the outcomes in the EHCP?  **Please ensure reports from the Provider and reviews of the provision are attached.** | | | | |
| What steps are being taken to ensure the Child or Young Person returns to full time education as soon as possible?  **Please ensure a reintegration plan is attached.** | | | | |
| What is the timeframe for the Child or Young Person to return to full time education? | | | | |

**Review of EHCP outcomes and progress**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcomes** | **Evidence of progress towards the outcome**  **made over the past year** | | | **Measure of progress**  **from the last year** | | | |
| Not started | Some progress | | Outcome achieved |
| **Cognition and Learning** | | | | | | | | |
|  |  | | |  |  | |  |
|  |  | | |  |  | |  |
|  |  | | |  |  | |  |
|  |  | | |  |  | |  |
| **Communication and interaction** | | | | | | | | |
|  |  | | |  |  | |  |
|  |  | | |  |  | |  |
|  |  | | |  |  | |  |
|  |  | | |  |  | |  |
| **Social, Emotional and Mental Health** | | | | | | | | |
|  |  | | |  |  | |  |
|  |  | | |  |  | |  |
|  |  | | |  |  | |  |
|  |  | | |  |  | |  |
| **Sensory and or Physical** | | | | | | | | |
|  |  | | |  |  | |  |
|  |  | | |  |  | |  |
|  |  | | |  |  | |  |
|  |  | | |  |  | |  |
| **Are there any suggested amendments to the outcomes, or any suggested new outcomes?**  **Please note here and amend directly onto the EHC Plan** | | | | | | | | |
| Please add further rows to this table as required | | | | | | | | |
| **Overall, is this Child or Young Person on track to achieve the outcomes identified in their EHC Plan?** | | Below  expectations | Meeting expectations | | | Exceeding expectations | | |
|  |  | | |  | | |

**Educational placement**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is there evidence that the current educational placement may no longer be suitable? | No |  | Yes |  |
| If yes, please explain why the current educational placement/provision may no longer be suitable.  **Please provide evidence, including reasonable adjustments already made.** |  | | | |
| Is the Child/Young person due to leave the current educational placement within the next two years? | Yes |  | No |  |
| Is the Young Person (if over 16), or the Parent/Carer requesting a change of educational placement? | Yes |  | No |  |
| If yes, please give details. |  | | | |
| Will the Child/Young Person continue to require the high level of support provided by an EHC Plan in their next educational placement? | Yes |  | No |  |
| Is a new type of provision requested when leaving the current educational placement? E.g., Specialist setting to mainstream, mainstream to Resource Base  **Please provide reasons and evidence for the request**. |  | | | |
| Young Person’s preference of next educational placement (if over 16) | Preference 1 | |  | |
| Preference 2 | |  | |
| Young Person’s preferred course/subjects (if over 16) |  | | | |
| Parents’/Carers’ preference of next educational placement (if under 16 or lacking decision-making capacity) | Preference 1 | |  | |
| Preference 2 | |  | |
| Date of expected transfer from current educational placement |  | | | |

**Provision**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are there any changes needed which may have a resource implication? | Yes |  | No |  |
| Information and evidence to support this:  **Please provide a costed provision map to evidence how the current allocated funding and resources are being applied** | | | | |

**Travel Assistance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the Child or Young Person receive Home to School Transport? | Yes |  | No |  |
| Is this being requested for the coming year? | Yes |  | No |  |

**Personal Budget**

A helpful easy read guide for EHC Personal Budgets:

[EHC Personal Budgets (kids.org.uk)](https://www.kids.org.uk/Handlers/Download.ashx?IDMF=3c186ab5-74c3-428b-91e4-2d188b8cbfb3)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the Child/Young Person currently receive a Personal Budget? | Yes |  | No |  |
| Have the Parents/Carers/Young Person requested a Personal Budget? | Yes |  | No |  |

**If the answer to either of the above questions is yes, please complete the table below to request a new Personal Budget or to request to continue a previous Personal Budget.**

|  |  |  |
| --- | --- | --- |
| **Education Outcomes to be achieved by the requested budget** | **Description of provision requested**  Explain how this budget will meet the outcomes, including a description of the provision requested. Refer to numbered outcomes in Section E of the EHC Plan. | **Budget requested** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Education budget** | |  |
| **Health Outcomes to be achieved by the budget** | **Description of provision agreed**  Explain how this budget will meet the outcomes, including a description of the provision agreed. Refer to numbered outcomes in Section E of the EHC Plan. | **Budget and funding source** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Health budget** | |  |
| **Social Care Outcomes to be achieved by the budget (including Short Breaks)** | **Description of provision agreed**  Explain how this budget will meet the outcomes, including a description of the provision agreed. Refer to numbered outcomes in Section E of the EHC Plan. | **Budget and funding source** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Social Care budget** | |  |

Please add further rows to this table as required

**Health and Social Care Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the Child or Young Person likely to have eligible health or social care needs as an adult? | Yes |  | No |  |
| Has a referral been made to the Transitions Team? (Children and Young People in Year 9 onwards) | Yes |  | No |  |
| If yes, please confirm that the report or outcome is attached, and this has been used to inform any requested EHCP amendments: | | | | |
| If no, is a referral required? | | | | |
| **Further information:**  [Moving from Children's Services to Adult Social Care - Dorset Council](https://www.dorsetcouncil.gov.uk/children-families/sen-and-disability-local-offer/preparing-for-adulthood/moving-from-childrens-services-to-adult-social-care) . | | | | |
| Has a Care Act (2014) Assessment been undertaken | Yes |  | No |  |
| If yes, please confirm that the report or outcome is attached, and this has been used to inform any requested EHCP amendments: | | | | |
| If no, is a referral required? | | | | |
| **Further information:**  [Care Act factsheets - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets) | | | | |
| Does the Child or Young Person’s carer need additional support in their caring role? If yes, please visit the Dorset Carers’ Service for additional guidance around how to access support. | Yes |  | No |  |
| **Further information:**  [Carer Support Dorset | Supporting Carers in Dorset](https://www.carersupportdorset.co.uk/) | | | | |
| Is the Child/Young Person on their GP’s Learning Disability register? | Yes |  | No |  |
| **Further information:**  [Learning disability register - Dorset Council](https://www.dorsetcouncil.gov.uk/learning-disability-register) | | | | |
| If the Child or Young Person is on the Learning Disability register and over 14, are they accessing their Annual Health Check? | Yes |  | No |  |
| **Further information:**  [Annual health checks - Dorset Council](https://www.dorsetcouncil.gov.uk/annual-health-checks) | | | | |
| Is the Child/Young Person on the Dynamic Support Register? | Yes |  | No |  |
| Further information:  [Learning Disabilities and Autism – NHS Dorset CCG](https://www.dorsetccg.nhs.uk/learning-disabilities/#:~:text=Dorset%20has%20a%20Dynamic%20Support,education%20if%20applicable)%20is%20right.) | | | | |
| Please provide details of any significant changes in relation to the Child or Young Person’s Health or Social Care needs or provision |  | | | |
| Any other relevant information in regard to Health or Social Care needs, including details of any planning that is taking place between Children’s and Adults’ Health and Social Care |  | | | |

**Any other information**

|  |
| --- |
| Any further information the Local Authority should be made aware of as part of this review:  Please include a record of discussions which took place during the Annual Review. |
|  |

**SECTION 3. Outcomes of the meeting**

**Requests for amendments to the EHC Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are there requests for amendments in the following sections of the EHC Plan? | Please mark the relevant box with an ‘X’ and **make the requested changes directly onto the EHC Plan using ‘tracked changes’** | | | |
| General Information | Yes |  | No |  |
| Section A – All About Me (including parental views) | Yes |  | No |  |
| Section B – Special Educational Needs | Yes |  | No |  |
| Section C – Health Needs | Yes |  | No |  |
| Section D – Social Care Needs | Yes |  | No |  |
| Section E – Outcomes | Yes |  | No |  |
| Section F – Educational Provision | Yes |  | No |  |
| Section G – Health Provision | Yes |  | No |  |
| Section H – Social Care Provision | Yes |  | No |  |
| Section I – Educational Placement | Yes |  | No |  |
| Section J – Personal Budget | Yes |  | No |  |
| Section K – Appendices of Reports, Assessments and Advice | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Is the EHCP still necessary?** | Yes |  | No |  |
| **If the EHCP is no longer necessary, please provide the reason:** | | | | | |
| The Child or Young Person has achieved the educational outcomes stated in their EHC Plan. | |  | | |
| The Child or Young Person can be supported at SEND Support level | |  | | |
| The Child or Young Person is leaving school and will not require a higher level of support at college, sixth form, apprenticeship | |  | | |
| The Child or Young Person will be attending University and is therefore no longer entitled to an EHC Plan | |  | | |
| The Child or Young Person is leaving education | |  | | |

# **SECTION 4. Action Plan**

## **Actions following the Annual Review meeting**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number** | **Actions** | **Who will complete this?** | **When will this be completed?** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

Please add further rows to this table as required

# **SECTION 5. Checklist and Confirmation**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Has the Annual Review form been completed in full? | Yes |  | | No | |  | |
| **Please confirm that the following documents have been attached and submitted with the Annual Review paperwork:** | | | | | | | | |
| A copy of the current EHCP ***which records details of all the requested changes, using the ‘tracked changes’ function.*** | Yes | |  | | No | |  |
| A new Section A form | Yes | |  | | No | |  |
| Child or Young Person’s views | Yes | |  | | No | |  |
| Parent / Carer’s views | Yes | |  | | No | |  |
| Attendance report | Yes | |  | | No | |  |
| Progress reports | Yes | |  | | No | |  |
| Costed provision map | Yes | |  | | No | |  |
| Alternative Provision report | Yes | |  | | No | |  |
| Any additional evidence identified | Yes | |  | | No | |  |
|  | | | | | | | | |
| Are the Young Person/Parents/Carers in agreement with the Annual Review form and the requested amendments to the EHC Plan? | Yes | |  | | No | |  |
| If they are not in agreement, please give details |  | | | | | | |
| Are all professionals in agreement with the Annual Review form and the requested amendments to the EHC Plan? | Yes | |  | | No | |  |
| If they are not in agreement, please give details |  | | | | | | |

|  |  |
| --- | --- |
| Date documentation sent to the SEN Service |  |
| Date of next Annual Review meeting |  |

|  |  |
| --- | --- |
| **Details of the practitioner undertaking the Annual Review meeting and report** | |
| **I confirm that this is an accurate record of the Annual Review meeting and that the form and all supporting documents including the annotated EHCP have been circulated to the Child/Young Person, their parents/carers and all relevant professionals.** | |
| Name |  |
| Role |  |
| Service/Setting |  |
| Contact details |  |
| Signed |  |
| Date |  |

|  |
| --- |
| In accordance with Section 9.176 of the SEN Code of Practice: The educational setting **must** prepare and send a report of the meeting to everyone invited within two weeks of the meeting. The report **must** set out recommendations on any amendments required to the EHC Plan and should refer to any difference between the school or other institution’s recommendations and those of others attending the meeting (such as the parent or professional advisers).  **Please send completed paperwork within two weeks of the meeting via secure email using the email address for the locality the Child or Young Person resides in:**   * [northlocality@dorsetcouncil.gov.uk](mailto:northlocality@dorsetcouncil.gov.uk) * [eastlocality@dorsetcouncil.gov.uk](mailto:eastlocality@dorsetcouncil.gov.uk) * [westlocality@dorsetcouncil.gov.uk](mailto:westlocality@dorsetcouncil.gov.uk) * dorchesterlocality@dorsetcouncil.gov.uk * [purbecklocality@dorsetcouncil.gov.uk](mailto:purbecklocality@dorsetcouncil.gov.uk) * [chesillocality@dorsetcouncil.gov.uk](mailto:chesillocality@dorsetcouncil.gov.uk) |

# **SECTION 6. Key Stage (or Phase) Transfer timeframe for Annual Reviews**

Below is a list of Annual Reviews where the expected timeframe for holding the meeting remains the same every year for these year groups. The year groups represent critical Key Stage changes where the recommendations for the next Key Stage should be made. Due to Key Stage transfers, a Child/Young Person may have more than one Annual Review in an academic year in order to meet statutory obligations.

If a Child/Young Person is required to move provision (for example, from Primary to Secondary education), it is recommended that the receiving school attends the Annual Review meeting and a clear recommendation for the next Key Stage placement is made.

**The meeting should be held in the term indicated below for the affected year groups and any subsequent documentation must be provided to Dorset Council within 2 weeks of the meeting date.**

**This ensures that the recommendations can be considered, and any decisions made to ensure the updated EHC Plan is sent to the parents or young person within the statutory timeframe: by 15th February (for children under 16) or 31st March (for Post-16 Young People) prior to the transfer.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ANNUAL REVIEW SCHEDULE – for Children/Young People living in Chesil, North, Purbeck and West localities** | | | | |
| **YEAR GROUP** | **REVIEW** | **AUTUMN TERM** | **SPRING**  **TERM** | **SUMMER TERM** |
| Under 5s | 6-monthly | X |  | X |
| Year 2 | Transition from KS1 to KS2 | X |  |  |
| Year 5 | Transition from KS2 to KS3 |  |  | X |
| Year 9 | Moving to Adulthood | X |  |  |
| Year 10 | Transition from KS4 to KS5 |  |  | X |
| Year 13 | Moving from statutory education | X |  |  |
| Year 15 onwards | Annually | X |  |  |