**Education, Health Care Plan (EHCP) Annual Review Report**

**Early years to Year 8**

Add picture/photo/artwork

**To be completed by the education setting and sent to Hounslow Local Authority EHC Assessment & Review Team securely to** [sen@hounslow.gov.uk](mailto:sen@hounslow.gov.uk)**, parents/carers and practitioners involved within 2 weeks of the Annual Review meeting date.**

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| **Name of Chair** |  | Job Role |  | |
| **Signature** |  | Date |  | |
| **Name & Contact details for SENCO/Lead on SEND** | Name:  Email/Tele: | | | |
| **Parent/Carers Name & Signatures & date** | Name/s  . | Signature/s: | | Date |

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| **Part 1: My review information** | | | | | | | | |
| **Child’s Name** |  | | | | | **Date of Birth** | |  |
| **Education Setting name** |  | | | | **National Curriculum year group** |  | | |
| **Date of review meeting** |  | | **Date of previous review meeting** |  | | **Date of EHCP being reviewed** |  | |
| **Type of review:**  Select as appropriate (√) |  | **Annual Review** | | | | | | |
|  | **Early Review** | | | | | | |
|  | **Phase Transfer Review**  *Pre-school to Reception*  *Year 1: Infant*  *Year 5: Junior & Primary* | | | | | | |

**Person-Centred Annual Review Agenda, p**lease see [person-centred guidance materials](https://fsd.hounslow.gov.uk/synergyweb/local_offer/All_forms.aspx) on the Hounslow Local Offer.

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| **Part 2: Is this review recommending a formal amendment to the current EHCP** | **Yes** | **No** |
| **Please indicate where significant changes are needed to each section** | **Select as appropriate** (√) | |
| **Recommended changes to Section A: Personal info/All about me** |  | |
| **Recommended changes to Section B: Special Educational Needs** |  | |
| **Recommended changes to Section C: Health needs** |  | |
| **Recommended changes to Section D: Social care needs** |  | |
| **Recommended changes to Section E: Outcomes** |  | |
| **Recommended changes to Section F: Special Educational Provision** |  | |
| **Recommended changes to Section G: Health provision** |  | |
| **Recommended changes to Section H: Social care provision** |  | |
| **Recommended changes to Section I: Education Placement**  *Please add reasons why and evidence must be submitted to accompany this request* |  | |
| **Recommended changes to Section J: Personal Budget** |  | |

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| **Part 3: Details of the meeting attendees / report contributions.** Select as appropriate (√) and delete boxes as appropriate | | | | |
| **Name and contact details:** | **Role** | **Invited** | **Attended** | **Report Attached** |
|  | Child |  |  |  |
|  | Parent(s)/carer(s) |  |  |  |
|  | Teacher / Education staff / Early years staff |  |  |  |
|  | School SENCO / Inclusion manager |  |  |  |
|  | Social care (please specify) |  |  |  |
|  | Health (please specify e.g., Child & Adolescent and Mental Health Service Practitioner) |  |  |  |
|  | Speech and Language Therapist (SLT) |  |  |  |
|  | Occupational Therapist (OT) |  |  |  |
|  | Sensory and Physical Service – Hearing Impaired/Visual Impaired (please specify) |  |  |  |
|  | EHC Officer |  |  |  |
|  | Educational Psychologist |  |  |  |
|  | Other (add extra rows as necessary) |  |  |  |
| *For pupils in receipt of therapy support, please ensure updated therapy advice/report is submitted with this annual review report* | | | | |

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| **Part 4: My Personal information**  ***ONLY enter information******that has changed OR amend******directly on the EHCP*** | | |
| **Are there are changes to the child’s address and/or other personal details such as GP practice? Give details here:**  *Please check against the most recent EHCP* | |  |
| **Are there any changes to the family/carer details? Give details:**  *Please check against the most recent EHCP* | |  |
| **Is the child offset/formally outside their chronological year group? If yes, please give details as to why:**  *If a request is being made, please provide details and evidence as to why* | |  |
| **Primary and other language used at home** | |  |
| **Are there any other barriers to the family engagement to attendance at meetings:** | | Yes / No |
| **Legal status:** | **Is the child Looked After by the Local Authority?** | Yes / No |
| **Name of the Local Authority with financial responsibility?** |  |
| **Subject to a Child Protection (CP) plan?** | Yes / No |
| **Does the pupil have a Child in Need (CiN) plan?** | Yes / No |
| **Any other Care Order?** *If yes, please detail* | Yes / No |
| **If yes to any of the above, please provide name of social worker & contact details:**  Name: Phone no:  Email | | |
| **Where Early Help or support from other Social Care team is provided, please give name & contact details:**  Name: Team & contact details: | | |

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| **Attendance for school year (%) YYYY**  Please also attach attendance certificate | **Autumn**  **Term:** | **Spring**  **Term:** | **Summer**  **Term:** |
| **Outline the key issues and actions taken to ensure full attendance:** |  | | |
| **Any exclusions and/or reduced timetable since the last annual review?** | Yes / No  *If yes, please provide more details and attached timetable and plan for reintegration.* | | |

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| **Part 5: Views on progress – Since my last annual review**  ***Parent Carers and Education settings can support the me to communicate my views or share them using documents such as an ‘All About Me” form or any other methods such as drawings, photos, and presentations.*** |
| **What everyone likes and admires about me:**  *This may include strengths, personal achievements, and interests, as well as personal qualities* |
|  |
| **What I feel my achievements and successes are since my last review:** |
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| **What my family share are my key achievements and successes are since my last review:** |
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| **What my teachers say are my key achievements and successes are since my last review:** |
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| **Part 6: EHCP Section A - My Story and My Future**  ***Parent Carers and Education settings can support me to share my views using documents such as “all about me”, photos, drawings, pictures & photos, presentations. Please aim to ensure information relating to the questions below is sought/added. Also please say who helped me to provide this information.*** |
| **My story –** *Please see section A of my EHCP – does anything need updating, a brief description of my background if this has changed, add things that are helpful for people supporting me to know about your journey/experiences. (Parent Carers and adults supporting me can help tell my story).* |
|  |
| **How I communicate and express my wishes:** *(can use words, sentences, gestures, signing etc.)* |
|  |
| **Things I like include my interests and dislike:** |
|  |
| **What is going well (strengths):** |
|  |
| **What is not going well and what I think can help improve things that are not going well:** |
|  |
| **What work/job I want to do when I am older?** |
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| **Parent/Carer views, hopes and aspirations for their child’s future.** *(Parent Carers contributions can be at the meeting or use any forms).* |
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| **Additional family information and my support network *(****include relevant family information, such as who helps with childcare support, extended family support or if the family have relatives abroad that they visit regularly.* |
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| **Part 7: My Attainments**  *This section should not be left blank. Please record progress and levels of attainment since the last annual review.* **Early Years Settings** - Use the *Birth to Five Matters* measures. **Schools** - Provide details of levels (e.g., NC levels, or the results of standardised testing and provide your education setting key with an age equivalence) | | | |
| **EYFS Profile / Core subjects / Course** | **Attainments from last year, levels and date** | **Current grade/levels and date of assessments** | **Expected levels at end of academic year (including predicted grades, if relevant)** |
| Birth to Five Matters – *please attach profile* |  |  |  |
| Maths | *E.g., Working towards year 2 in October 2023* |  |  |
| Reading |  |  |  |
| Writing |  |  |  |
| *Other subjects (please add)* |  |  |  |
| **Please provide a short description of how the child approaches their learning?** | | | |
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| **Part 8: EHCP Section B- Special Educational Needs**  **consider any changes needed to my SEN.** | |
| **Communication & Interaction –** (include expressing basic needs, forms of communication, e.g., verbal, signing. Can they understand language/ instructions/initiate interactions, hold conversations, make eye contact?) | **Evidence/reports/date** |
|  |  |
| **Cognition & Learning –** (include their reading, writing, spellings and maths. Also consider memory & processing skills, attention, and concentration as well as their independence with learning. | **Evidence/reports/date** |
|  | |
| **Social Emotional Mental Health –** (Include Consider social skills/friendships with peers and maintaining relationships. How they manage new situations and emotions. Can they understand their own and others’ feelings and thoughts? Any impact on their self-image with learning? | **Evidence/reports/date** |
|  | |
| **Physical & Sensory –** (Include any fine or gross motor challenges? Do they have sensory sensitivities impacting their learning? Also include difficulties with independence, self-care skills, and awareness of staying safe. | **Evidence/reports/date** |
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| **EHCP Section C: Health needs - *Consider the following when reviewing health needs:*** *Is the diagnosis and the impact of this diagnosis detailed? Does the child have an identified disability? Are there other health needs, not related to SEN that need to be listed (from reports)* | **Evidence/reports/date** |
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| **EHCP Section D: Social care needs - *Social care needs can be identified by parents and school; this does not need to come from a social work practitioner. Consider the following when reviewing social care needs:*** *As a result of the child’s SEN what difficulties do they face at home and in the community? Are they vulnerable in the community as they have a limited understanding of the wider world and dangers, such as road safety?* | **Evidence/reports/date** |
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| **Part 9: EHCP Section E - Review current outcomes**  **(New or changes to outcomes and provision to be included in part 9)** | | |
| **CURRENT EHCP OUTCOMES**  (Copy & paste from my current Final EHCP) | **Progress towards the outcomes** | **Comments** |
| **Communication & Interaction**  1.  2. | * *Achieved* * *Remains appropriate* * *No longer appropriate*   *(amend/replace/remove)* |  |
| **Cognition & Learning** | * *Achieved* * *Remains appropriate* * *No longer appropriate*   *(amend/replace/remove* |  |
| **Social Emotional Mental Health** | * *Achieved* * *Remains appropriate* * *No longer appropriate*   *(amend/replace/remove* |  |
| **Physical and Sensory** | * *Achieved* * *Remains appropriate* * *No longer appropriate*   *(amend/replace/remove* |  |
| **Health** | * *Achieved* * *Remains appropriate* * *No longer appropriate*   *(amend/replace/remove* |  |
| **Social Care** | * *Achieved* * *Remains appropriate* * *No longer appropriate*   *(amend/replace/remove* |  |

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| **Part 10: EHCP Sections E (Outcomes) and F (Provision) – Please add any proposed new/amended outcomes and provision** | | | |
| **EHCP Section E** | **EHCP Section F** | | |
| **PROPOSED NEW / AMENDED OUTCOMES** | **NEW /AMENDED PROVISION TO MEET THE OUTCOME**  ***State what the intervention is*** | **Who will deliver the intervention, how often and how long for?** | **When it will be reviewed and by who?** |
| **Communication and Interaction**  *e.g. By the end of KS2, Jesse will be able to…* | *e.g. “A 1:1 language intervention aimed at building xyz skill”* | *e.g. a teaching assistant who has received training from the speech and language therapist. This intervention will be provided for 20 minutes, three times per week.* | *This will be reviewed termly by the teaching assistant, class teacher, SENCO and SLT)* |
| **Cognition and learning** |  |  |  |
| **Social, Emotional and Mental Health** |  |  |  |
| **Sensory and Physical** |  |  |  |

Add as required.

| **Health Outcomes** | **Section G: Health Provision** | | |
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| **PROPOSED NEW / AMENDED OUTCOMES** | **NEW HEALTH PROVISION TO MEET THE OUTCOME**  ***State what the intervention is*** | **Who will deliver the intervention, how often and how long for?** | **When it will be reviewed and by who?** |
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| **Social Care Outcomes** | **Section H1: Social Care Provision** | | |
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| **PROPOSED NEW / AMENDED OUTCOMES** | **NEW PROVISION TO MEET THE OUTCOME**  ***State what the intervention is*** | **Who will deliver the intervention, how often and how long for?** | **When it will be reviewed and by who?** |
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| **Social Care Outcomes** | **Section H2: Social Care Provision** | | | |
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| **PROPOSED NEW / AMENDED OUTCOMES** | **NEW PROVISION TO MEET THE OUTCOME**  ***State what the intervention is*** | **Who will deliver the intervention, how often and how long for?** | | **When it will be reviewed and by who?** |
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| **Part 11: EHCP Section I - Education Placement and Phase Transfer** | | |
| **Are parent(s)/carer(s) requesting a change of placement*?*** | Yes/No | *If yes, please details and reasons e.g. mainstream to special setting, special setting to mainstream* |
| **Is the child due to move education setting at the end of the next academic year? (Phase Transfer)** | Yes/No |  |
| **Name of parent(s)/carer(s) preferred next education setting for the move?** |  | |

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| **Part 12: EHCP Section J - Personal Budget**  A personal budget allows the Local Authority to delegate funding to deliver provision already identified and linked to Section F to the parent/carer/young person. A request can be made by parents/carers/young person for a direct payment from this total budget allocated to the EHCP. Before the Local Authority can agree, permission will be required from the Headteacher/Principal of the education setting and consideration must be given to efficient use of resources. | | |
| **Is a personal budget currently in place?** | Yes/No | **If yes, are there any changes recommended?** *Please outline changes.* |
| **Is a new personal budget being requested by parents’ carers?** | Yes/No | *If yes, please state the outcome/s in the EHCP to be achieved by the request, how, where, and, by whom provision will be delivered, and cost information.* |

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| **Part 13: Travel Arrangements** | | | |
| **How does the child currently get to school?** |  | | |
| **Is the child a potential candidate for independent travel training? As children move towards secondary education, please consider what steps are required to support their independent travel.**  ***NOTE:*** *a school year is only 190 days in the year, individual Travel Training should not be delayed as this can impact on the availability to access the training in the future. Additionally,* [TFL Travel Mentoring Scheme](https://tfl.gov.uk/transport-accessibility/learn-to-use-public-transport) may also be suitable to children to travel independently. | Y/N | **If no, please say why and when they are expected to become suitable for travel training – date/age:**  *(Please consider their Preparation for adulthood outcomes as outlined in the SEND Code of Practice)* |  |
| Accessing the local community walking e.g., attending swimming lessons, going to local shops or town centres, the park etc | Y/N | If yes, what is the staff ratio required? |  |
| Organised trips on shared transport? | Y/N | If yes, what is the staff ratio required? |  |
| Are there any limitations on the types of places the child can travel to safely? | Y/N | If yes, what are the limitations? |  |

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| **Part 14: Summary of recommendations** | | |
| Is there a recommendation for a reduction/increase in support/funding? *Please ensure a provision map is included to reflect any changes recommended.* | Yes/No | *If yes, please provide details on how the current funding is used to support and how the change in funding will support the child.* |
| Can the child’s special educational needs be met within school’s own resources (SEN Support) and therefore there’s a recommendation to cease the EHCP? | Yes/No | *Please provide details* |
| Has the recommended levels of therapy in the EHCP changed (e.g. Speech and Language, Occupational or Physiotherapy)? | Yes/No | *If yes, please include reports/evidence – amendments cannot be agreed without updated reports/evidence.* |
| Is a re-assessment of education, health, and care needs required? *Annual Review recommendations can support the amendments required to the EHCP including new education, health, and care needs. (A reassessment is a 20 week process).* | Yes/No | *If yes, please outline the reasons* |
| **Please include any other notes here, as well as any differences in views** | | |
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| **Date set for next annual review:**  *(Please set the next annual review meeting date no later than 11 months after this annual review meeting to comply with statutory timelines)* | | |

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| **Part 15: Annual Review Checklist** | **Yes** | | **No** |
| The annual review report and professional reports were distributed at least 2 weeks before the meeting |  | |  |
| A current timetable is attached, please ensure current timetable is included.. |  | |  |
| A current costed provision map is attached (detailing how the current provision supports the child). |  | |  |
| If changes to provision have been requested, please provide details and costs in the provision map as to how funding is to be used | |  |  |
| All reports attached from other professional involved (including therapy reports/social worker report) | |  |  |
| Is this report informed by and consistent with the person-centred meeting? | |  |  |
| Are parents(s)/carer(s) clear about, and in agreement with proposed recommendations? Have they included their feedback form. | |  |  |
| Parent(s)/carer(s) have been informed that the annual review reports are shared with representatives from the services supporting their child and presented to the Local Authority (and where applicable presented at Hounslow SEND Panels). *Privacy statements can be found on the school / Hounslow Council websites and explain how personal data is used and protected, and the subject’s data protection rights.* | |  | ☐ |