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| ***Hull Clinical Commissioning Group***[The Local Offer Hull](https://pbs.twimg.com/profile_images/827171968759824385/9D2gcB7H_400x400.jpg)  **Learner Name**  **DoB: DD/MM/YYYY**  **Meeting to inform the Review of the Education, Health and Care (EHC) Plan**   |  |  |  |  | | --- | --- | --- | --- | | **Learner’s Current Year Group:** |  | | | | **Current Educational Setting:** |  | | | | **Date of this Review meeting:** |  | **Date of last Review meeting:** |  | | **What type of review is this?** | Scheduled (Annual) Review  Additional Review | | | | **Additional Review:**  Please provide a brief summary of the reason(s) it has been felt necessary to call an additional review:  Review to inform Phase Transfer  Change to Learners Needs or Provision  Parental Request  Other: Please Specify: | | | | | **Office use:** Date review documentation received by the Local Authority DD/MM/YYYY | | | |   **Agenda for EHCP Review Meeting:**  1. Welcome and Introductions  2. Confirmation of Personal Details  3. Learner’s Voice  4. Parent’s Views  5. Additional Reports  6. Attendance and Exclusion Data  7. Preparing for Adulthood  8. Progress towards Outcomes  9. Review of the EHCP and change of circumstances  10. Recommendations to the Local Authority and Close of Meeting | | | | | | | | | | | | |
| **Learner’s Personal details** | | | | | | | | | | | | |
| Full name: | | | |  | | | | | | | | |
| I like to be known as: | | | |  | | | | | | | | |
| Date of birth: | | | |  | | | | | | | | |
| Home address: | | | |  | | | | | | | | |
| Telephone number: | | | |  | | | Social Care Status | | | Not Applicable  Child In Need (CIN)  Child Looked After (CLA)  Care Leaver | | |
| UPN/ULN: | |  | | | | | NHS No: | | |  | | |
|  | | | | | | | | | | | | |
| **Parent/Carer Details** | | | | | | | | | | | | |
| Relationship to learner: | | | |  | | | | Title: | | |  | |
| First name: | | | |  | | | | Surname: | | |  | |
| Home address: | | | |  | | | | | | | | |
| Telephone: | | | |  | | | | E-mail: | | |  | |
| Does this person have Parental Responsibility? | | | | | | | | Yes  No | | | | |
| Preferred method of communication? | | | | | Letter  Email  Telephone | | | | | | | |
| First Language | | | |  | | | | | | | | |
| Any support needs? | | | |  | | | | | | | | |
| **For young people aged 16 and over:**  **The young person agrees to information about their EHC plan being shared with this person.**  Yes  No  Not able to respond *(please give details)* | | | | | | | | | | | | |
| **Parent/Carer Details** | | | | | | | | | | | | |
| Relationship to learner: | | | |  | | | | | Title: | | |  |
| First name: | | | |  | | | | | Surname: | | |  |
| Home address: | | | |  | | | | | | | | |
| Telephone: | | | |  | | | | | E-mail: | | |  |
| Does this person have Parental Responsibility? | | | | | | | | | Yes  No | | | |
| Preferred method of communication? | | | | | | Letter  Email  Telephone | | | | | | |
| First Language | | |  | | | | | | | | | |
| Any support needs? | | |  | | | | | | | | | |
| **For young people aged 16 and over:**  **The young person agrees to information about their EHC plan being shared with this person.**  Yes  No  Not able to respond *(please give details)* | | | | | | | | | | | | |
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| **Social Worker Details** | | | | | |
| Social Worker Name | |  | | | |
| Social Worker Contact Number | |  | | | |
| Social Worker Address | |  | | | |
| Local Authority & Team | |  | | | |
| Who has parental responsibility? | |  | | | |
|  | | | | | |
| **People involved in this review meeting** | | | | | |
| Name: | Role: | | Contact Details: | Invited to meeting (Y/N): | Attended meeting (Y/N): |
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**Reports and assessments included with this Annual Review**

Please include any professional advice received within the last 12 months/last review, including Personal Educational Plan (PEP) for Children Looked After, including review reports from health or social care.

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|  | **Report / assessment** | **Written by** | **Date** |
| 1 | Young person’s views must be included with information on how these were sought. **FOR YOUNG PEOPLE OVER 16, REVIEW DOCUMENTATION WITHOUT THIS WILL NOT BE ACCEPTED** |  |  |
| 2 | Parental/carer views must be included for all young people up to their 16th birthday. **FOR YOUNG PEOPLE OVER 16, PROVIDING THE YOUNG PERSON HAS CAPACITY, the inclusion of PARENT / CARER VIEWS ARE AT THE WISH OF THE YOUNG PERSON** |  |  |
| 3 | Careers advice must be included from Y9 onwards |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

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| **Attendance**  (% - last academic year & current academic year so far) | | |
| Academic year | Attendance % | |
| 19/20 |  | |
| 20/21 |  | |
| Have there been significant periods or patterns of absence? | | Yes  No |
| If yes, please explain: | | |
| **Exclusion**  (Sessions - last academic year & current academic year so far) | | |
| Academic year | Sessions | |
| 19/20 |  | |
| 20/21 |  | |
| Have there been significant periods or patterns of exclusion? | | Yes  No |
| If yes, please explain: | | |
| **Educational Offer** | | |
| Does the young person have a full-time offer of education? | | Yes  No |
| If no, please describe what the offer of educational provision is and explain the reasoning for this, including planned steps back to full entitlement | | |

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| **Developing independence, self-care and preparation for adulthood (PfA\*)** | | | |
| Please summarise key discussion points: | | | |
| **Area for Consideration** | **Current plans or thoughts** | **Areas of concern** | **Support and Provision to encourage development** |
| **Education and Employment**  What pathways have been explored, identified or accessed to date?  – Academic  – Vocational  – Employability |  |  |  |
| **Independent Living Skills**  Where would the learner want to live in the future?  – Independent living  - Supportive Living  - Residential  - Staying with parents  What skills will the learner need to live in the future?   * Travel training * Personal Care * Washing/Cleaning * Managing money |  |  |  |
| **Maintaining Good Health**  What transition plans are in place or required from children’s to adult’s health services?  -Therapy services  -Mental Health Services  -Specialist Health Services  What skills will the learner need?   * Making healthy choices * Sexual Health * Managing diet |  |  |  |
| **Participation in Society and Friendships**  What planning arrangements are in place to support the young person to access social and community activities / friendships?   * Support needs to access the community * Social Care input under the care act * Mental Capacity Assessment |  |  |  |

**The Year 9 Annual Review must detail future intended outcomes under the PFA Headings:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Education and Employment Outcome** | | | |
| The learner will be able to… | | **By when:** |  |
| What difference will this make?  What will be the impact? |  | | |
| **Independent Living Skills** | | | |
| The learner will be able to… | | **By when:** |  |
| What difference will this make?  What will be the impact? |  | | |
| **Maintaining Good Health** | | | |
| The learner will be able to… | | **By when:** |  |
| What difference will this make?  What will be the impact? |  | | |
| **Participation in Society and Friendships** | | | |
| The learner will be able to… | | **By when:** |  |
| What difference will this make?  What will be the impact? |  | | |

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| **Outcomes and Progress** | | | | | |
| **Current Educational Attainment/ Developmental milestones. Details of progress.** | Please reference baseline assessments or attainment levels at the last annual review to summarise progress, giving a clear indication of current levels of educational attainment and stating assessment systems used. It might be useful to include comparisons to NC year group expectations. | | | | |
| **Other Areas of Celebration** | Have there been other significant areas of achievement or development since the last review? | | | | |

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| **Progress towards Outcomes** |

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| **Outcome 1:** | | |
|  | By when: |  |
| **Has this outcome been met?** | Achieved  Ongoing | |
| **Comment on progress towards meeting this outcome**  *(Include information about short-term outcomes that have been achieved)* |  | |

|  |  |  |
| --- | --- | --- |
| **Outcome 2:** | | |
|  | By when: |  |
| **Has this outcome been met?** | Achieved  Ongoing | |
| **Comment on progress towards meeting this outcome**  *(Include information about short-term outcomes that have been achieved)* |  | |

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| **Outcome 3:** | | |
|  | By when: |  |
| **Has this outcome been met?** | Achieved  Ongoing | |
| **Comment on progress towards meeting this outcome**  *(Include information about short-term outcomes that have been achieved)* |  | |

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| **Outcome 4:** | | |
|  | By when: |  |
| **Has this outcome been met?** | Achieved  Ongoing | |
| **Comment on progress towards meeting this outcome**  *(Include information about short-term outcomes that have been achieved)* |  | |

***Please feel free to copy, paste and re-number additional rows if necessary***

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| --- |
| **Any other changes in needs or circumstances**  (e.g. the need for modifications to application of the National Curriculum, specific facilities etc.) |
|  |
| **Summary of any other key discussion points** (and by whom they were raised) |
|  |

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| **Travel Planning** | |
| Is the learner currently accessing local authority funded transport? | Yes  No |
| If yes, please complete the Transport Review Form | Attached  Not Applicable |
| If yes, is this still considered appropriate? | Yes  No |
| If yes, what steps are being taken to help the young person become an independent traveller?  *Please provide details:* | |
| Is the learner/parent or carer currently in receipt of a personal transport budget? | Yes  No |
| Does the learner have an up-to-date Travel Support Plan? | Attached  Requires update |
| Does the learner have an up-to-date Travel Risk Assessment? | Attached  Requires update  Not Applicable |
| Does the learner have an up-to-date medical care plan for transport? | Attached  Requires update  Not Applicable |

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| **Funding Arrangements** | | | **Amount** |
| SEN Element 2 (mainstream) | | | £ |
| SEN Element 3 (Banding) | | | £ |
| Other: (E.g. PP, LAC) | | | £ |
| Have needs changed sufficiently that you feel an alternative band is required? | | | Yes  No |
| If yes – please state which band you feel more accurately reflects needs | | | Current Band: Suggested new band: |
| Please highlight evidence included in annual review indicating new band required | | | |
|  | | | |
| Is there a need for one off financial support to support the learner’s needs? | | | Yes  No |
| Please provide details below: | | | |
|  | | | |
|  | | | |
| **Personal Budget/Direct Payment** (discussions about direct payments should feature within the review meeting) | | | |
| Are parents/young person in receipt of a personal budget to deliver provision set out in the EHC Plan  *“Personal budgets are an individuals overall support package which may include a direct payment element”* | | | Yes – Education  Yes – Social Care  Yes - Health  No |
| If yes, give details and recommendations for ongoing arrangements: | | | |
| Would the parent or young person like to request a personal budget?  *Please ensure parents have a copy of the personal budget leaflet* | | | Yes  No |
| If yes, for which element of provision? | | | |
| **Recommendations to the Local Authority** following the review meeting: | | | |
| **Request a change of banding?** | | **Yes** – If the recommendation is to **change** band, please ensure that reasons for this are explained clearly within the in ‘Funding Arrangements’ section.  **No** – Current band remains appropriate | |
| **Continue with the EHCP?** | | **Yes** – Continue  **No** – Cease to maintain  If the recommendation is to **cease** the plan, please ensure that reasons for this are explained clearly within the in ‘Any other changes in needs or circumstances?’ section. | |
| **Are amendments proposed?**  Note: EHC plans are designed to be read in conjunction with the most recent annual review.  The Local Authority will only consider amending where there have been significant changes to the young person’s needs and/or provision | | **No amendments**  The current plan will be maintained as it stands  **Minor amendments**  Minor changes with regard to updating factual accuracy of information. E.g. year group. Contact details.  **Significant amendments**  Significant changes proposed, such as changing level of need, revised outcomes and/or changes to resources/provision.  **If amendments are required, please ensure that an annotated plan is attached with any relevant supporting evidence.** | |
| Are you submitting an annotated EHCP with recommended amendments? | | **Yes**  **No**  *Please note these amendments are recommendations and any final decision will be made by the LA SEND Assessment and Review Team.* | |
| **If yes,** to which sections of the EHCP are you recommending amendments?  A  B  C  D  E  F G  H  If the placement in section I is no longer deemed appropriate complete the checklist below:  Discussion held with SEND Caseworker prior to review  Evidence from outreach services/EP recommending change of provision included  Parent and Young Person views regarding placement are included  Significant changes required in needs and provision indicated on annotated plan | | | |
| We confirm that we have checked with parent / carer / young person that ALL demographic details stated on page 1 of the EHCP are still correct. NB: Any changes are to be updated on the existing EHCP and forwarded | | | |
| **This is an accurate note of the Annual Review meeting chaired by:** | | | |
| Signature: |  | | |
| Name: |  | | |
| Position Held: | (SENCO or Other) | | |

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| **Authorisations and consents** | |
| Are parents/carers or the young person\* happy that all aspects they wished to raise have been discussed at the meeting? | Yes  No |
| Are parents/carers or the young person\* clear about, and in agreement with, proposed recommendations? | Yes  No |
| Do parents/carers or the young person\* give consent for the review information/ reports to be shared?  (as per the original information-sharing agreement) | Yes  No |
| As required, is there consent from the author(s) of professional reports that this information can be shared? | Yes  No |
| Headteacher/Principal Signature: |  |
| Print Name: |  |
| Date: |  |

*(\*young person over the age of 16 MUST give their own consent unless they have been assessed and deemed not to have capacity to do so.)*

*From the young person’s 18th birthday (where they have capacity), information will not be shared routinely with parents / carers without the young person’s consent and all correspondence will be sent directly to the young person in the first instance.*

Please send this report, together with any written advice, to the SEND Assessment & Review Team via the EDT or SFX secure email to [SEND@Hullcc.gov.uk](mailto:SEND@Hullcc.gov.uk) , parents/carers and/or the young person, and to all attendees invited to the review meeting **within 2 weeks of the review meeting.**