|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Hull Clinical Commissioning Group***The Local Offer Hull**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/6 monthly) 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 Introductions2. Confirmation of Personal Details3. Learner’s Voice4. Parent’s Views5. Additional Reports6. Attendance and Exclusion Data7. Developing Independence8. Progress towards Outcomes9. Review of the EHCP and change of circumstances10. 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 child: |  | 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? |  |
|  |
| **Parent/Carer Details** |
| Relationship to child: |  | 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? |  |
|  |

|  |
| --- |
| **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): |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**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.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Report / assessment** | **Written by** | **Date** |
| 1 | Learner’s views must be included with information on how these were sought.  |  |  |
| 2 | Parental/carer views must be included for all children and young people up to their 16th birthday.  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

|  |
| --- |
| **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 child 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 |

|  |
| --- |
| **Developing Independence** |
| Please summarise key discussion points:  |
| **Area for Consideration** | **Current plans in place or thoughts of the child** | **Areas of concern**  | **Support and Provision to encourage development** |
| **Education and Organisation**What skills are being developed to help access education?– Developing Routine* Packing School Bag
* Remembering Equipment
* Accessing the environment
 |  |  |  |
| **Independent Living Skills**What skills will the learner need to live independently in the future?* Awareness of danger
* Road Safety
* Toileting
* Dressing
* Self-Care
* Mobility in the home
* Use of mobility equipment safely
 |  |  |  |
| **Maintaining Good Health*** Feeding/Eating skills
* Eating a balanced diet
* Any Health concerns
* Managing own medication
* Independent management plan E.g. Physiotherapy
* Sleep
 |  |  |  |
| **Participation in Society and Friendships*** Awareness of safe relationships
* Stranger danger
* Peer relationships
* Conversations with others
* Involvement in out of school activities
 |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **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? |
| **Progress towards Outcomes**  |

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

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

|  |
| --- |
| **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***

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

|  |
| --- |
| **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 child become an independent traveller?*Please provide details:* |
| Is the 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 [ ]   |

|  |  |
| --- | --- |
| **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 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 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 maintainIf 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 child’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 YP view regarding placement is 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) |

|  |
| --- |
| **Authorisations and consents** |
| Are parents/carers happy that all aspects they wished to raise have been discussed at the meeting? | Yes [ ]  No [ ]  |
| Are parents/carers clear about, and in agreement with, proposed recommendations? | Yes [ ]  No [ ]  |
| Do parents/carers 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: |  |

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 , parents/carers and to all attendees invited to the review meeting **within 2 weeks of the review meeting.**