**Professionals Letter**

 Date:

Dear

**d.o.b.**

     's Annual review of his/her Education Health and Care Plan will take the form of a Person Centred Planning Review. Person Centred Planning Reviews focus on creating a framework for the young person to express their own views and opinions alongside those of their parents/carers and the professionals involved in their lives.       will/will not be in attendance and I am working with him/her to prepare for the meeting.

As well as this letter you will receive an invitation from      . *(delete this sentence as appropriate)*

     's review meeting will be held on       at       am/pm at      . *(delete this sentence as appropriate).*

Please could you return the enclosed form below to me by       so that I can prepare for the review? Please also include any formal reports you would like to submit as part of the review process which I do not already hold on file. The content of these will be included during the review.

You are welcome to email your responses to me at       if you prefer to talk through your responses I can be contacted on      , please leave a message if I am unavailable and I will get back to you as soon as possible.

I thank you for your help and cooperation in      's review.

Yours sincerely

Head Teacher/SENCo

**Professional consultation for Annual Review of Education Health and Care Plan for**

Name:       Role:       I will/will not be attending the Review

If attending      's review meeting you will be verbally asked to contribute your thoughts on:

* **What you like or admire about**
* **What you feel is important for**
* **What you feel works well or not working well for**
* **What support you feel is needed to be in place and what else may need to be in place for       to be able reach his/her desired outcomes.**

If you are not attending      's review meeting, or attending and would rather put your comments in writing it would be helpful if you could complete the second table below.

Does school already hold a copy of your latest report/involvement with this young person? Y/N

If not please enclose it when you return this form.

The table below gives the objectives and provision for      . Please comment where appropriate with regard to your involvement.

|  |  |  |
| --- | --- | --- |
| Outcomes within the EHCP | What involvement have you had in helping to meet this EHCP outcomes? | What progress do you feel has been made? Do you have any suggestions for future strategies or has the outcome been met? |
| *Insert outcomes from the EHCP* |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

|  |
| --- |
| Strengths and abilities – Like or admire |
|       |
| What I consider is important at this point for       |
|       |
| What is working and what is not working for       |
|       |
| Desired Outcome for       *(Please include time scales for expected completion of outcomes, how this will be followed up by service and who will be responsible for implementing)* |
|       |
| Any other comments you wish to make: |
|       |