**Lancashire Annual Review Report Form for EHCP's**

This report should be used to summarise the review meeting for all children or young people with an Education, Health and Care Plan

**Annual review details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of this review meeting |       | Last review date |       | Date of most recent EHCP |       |

**Section 1 – Review of people involved**

**Child/Young Person's Details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name (s) |       | Surname |       |
| Date of Birth |       | Gender |       |
| Year Group |       | Unique Pupil Number |       |
| Home address |       | Child Looked After Yes/No |       |
| Setting |       |
| Ethnicity |       | Religion |       |

**Details of Parent(s) or Person Responsible**

|  |  |  |  |
| --- | --- | --- | --- |
| Name(s) |       |       |       |
| Relationship |       |       |       |
| Home Address |       |       |       |
| Contact Number(s) |       |       |       |
| Email address |       |       |       |
| Preferred method of contact |       |       |       |

|  |  |
| --- | --- |
| Are any of the above details different from those on the Education Health and Care Plan |       |

**People who support the Child/Young Person (currently and within the last 12 months)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Role that they play (name of organisation where appropriate) | Email address/phone number | Indicate if present at the review meeting |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**Documents provided in support of the annual review**

List all reports/advices gathered since the EHC needs assessment/last annual review, used in support of this review process.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of report/advice | Name of report/advice writer | Role of report/advice writer | Date of report/advice | Date circulated to parents/ professionals/LA |
| Educational advice |  |  |       |  |
| Parental advice |  |  |       |  |
| Child/young person advice |  |  |       |  |
|  |  |  |       |  |
|  |  |  |       |  |
|  |  |  |       |  |
|  |  |  |       |  |

|  |  |  |
| --- | --- | --- |
| Does Section A of the EHC Plan (One Page Profile) remain appropriate? | Yes       | No      (Please provide an updated One Page Profile) |

**Section 2: Review of Strengths and Special Educational Needs**

|  |
| --- |
| Provide information that was shared at the review meeting that is additional to or different from the information in the EHCP and advices already submitted, relating to the child/young person's strengths and special educational needs. |
| Strengths:     Needs:      |

**Section 3: Progress made:**

**In the previous year**

|  |  |  |
| --- | --- | --- |
| Outcome within the EHCP | What is working well/not well in relation to the special educational needs provision in place? | Has the outcome been met? |
|       | (Copy forward from last annual review summary) | Yes/working towards/No |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

**In the last year**

Summarise the information shared at the review meeting to describe what has been working well/not well and the child/young person's progress towards the outcomes within the EHCP.

|  |  |  |
| --- | --- | --- |
| Outcome within the EHCP | What is working well/not well in relation to the special educational needs provision in place? | Has the outcome been met? |
|       |       | Yes/working towards/No |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

**Section 4: Additional factors influencing progress**

This should be addressed through the support identified in the child/young person's IEP moving forward, or through the CAF/TAF process as appropriate.

|  |
| --- |
| Education |
|       |
| Health |
|       |
| Social Care |
|       |

**Section 5: New Outcomes and Next Steps for the coming year**

|  |  |  |  |
| --- | --- | --- | --- |
| Need(s) | Desired long term outcome(s)? | Steps towards achieving the outcome(s) | Special Educational Needs Provision required*(please identify whether this is current or additional provision)* |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**Section 6: SEND Transport**

|  |  |  |
| --- | --- | --- |
| Does the child/young person receive SEND Transport? | Yes       | No      (Move to section 7) |
| Do the current transport arrangement remain appropriate? | Yes       | No      (Provide details below) |
| Has independent travel training been completed? | Yes       | No       | Not appropriate       |
| Notes      |

**Section 7: Equipment**

|  |  |  |
| --- | --- | --- |
| Does the child/young person receive SEND equipment | Yes       | No      (Move to section 8) |
| Does the current equipment remain appropriate? | Yes       | No      (Provide details below) |
| Has this been reviewed by the relevant professional (e.g. physio, OT, QTVI)? | Yes       | No       |
| Has an SEQ1 form been completed in line with this review? | Yes       | No       |
| Notes      |

**Section 8: Personal Budget**

|  |  |  |
| --- | --- | --- |
| Does the child/young person receive a personal budget? | Yes       | No      (Move to section 9) |
| Are any changes to the personal budget recommended? | Yes      (Provide details below) | No       |
| Notes      |

**Section 9: Summary**

|  |  |  |
| --- | --- | --- |
|  | Yes/No | Comments |
| Does the EHC Plan remain appropriate? |       |       |
| Is it recommended that the EHC plan is amended?(Please provide details of suggested amends. See section 5) |       |       |
| Is it recommended that the EHC plan is ceased? |       |       |
| What percentage of their outcomes has the pupil made progress towards this year? |       |       |

|  |
| --- |
| Please use the space below to outline any further actions required indicating by whom. Add any additional comments |
|       |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Person who completed the review report |       | Date of Completion |       |
| Role |       |
| Signature |       |

|  |
| --- |
| Please return this form with any supporting additional advices/information within 10 days of the annual review meeting |
| North Team | Inclusion.North@lancashire.gov.uk |
| East Team | Inclusion.East@lancashire.gov.uk |
| South Team | Inclusion.South@lancashire.gov.uk |