**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 |
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**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.

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| --- | --- | --- | --- | --- |
| 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 |  |  |  |  |
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| --- | --- | --- |
| 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 |
|  |  |  |
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**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 |
|  |  |  |
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**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)* |
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**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](mailto:Inclusion.North@lancashire.gov.uk) |
| East Team | [Inclusion.East@lancashire.gov.uk](mailto:Inclusion.East@lancashire.gov.uk) |
| South Team | [Inclusion.South@lancashire.gov.uk](mailto:Inclusion.South@lancashire.gov.uk) |