**Education Advice for the Annual Review of an Education Health and Care Plan (EHCP)**

**Annual review details**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of this review meeting |       | Last review date |       |
| Date of most recent EHCP |       | Date of admission |       |
| Banding (E1, E2, E3, E4, E5) |       | Category of need |       |
| Other settings attended in the last 12 months |       |

**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 (If yes please provide details of changes) |       |

**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 | Have they been discharged from this service? |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |
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|       |       |       |       |

 **Section 2:**

**Attendance Record**

|  |  |  |  |
| --- | --- | --- | --- |
| Attendance Record | Actual Attendance (No. of Sessions) | Possible Attendance (No. of Sessions) | Percentage Attended |
|       |       |       |

**Section 3: Review of Strengths and Special Educational Needs**

|  |
| --- |
| Cognition and Learning  |
|       |
| Communication and Interaction |
|       |
| Social, Emotional and Mental Health  |
|       |
| Physical, Sensory |
|       |
| Independence and Self Help |
|        |

**Section 4: Progress made in the last year**

**Key Learning Attainments**

(Please give detail of any key learning attainments completed within the last 12 months)

|  |
| --- |
|       |

In the view of the setting, what progress has been made towards the outcomes in the EHC Plan?

|  |  |  |
| --- | --- | --- |
| 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 |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

|  |
| --- |
| Do you feel that the EHCP has made a difference to the: |
| Education needs | At the expected rate of progress Above the expected rate of progress Below the expected rate of progressNo progress |
| Health needs | At the expected rate of progress Above the expected rate of progress Below the expected rate of progressNo progress |
| Social Care needs | At the expected rate of progress Above the expected rate of progress Below the expected rate of progressNo progress |
| Any Additional Comments: |

**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)* |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Advice Giver |       | Date of Completion |       |
| Role |       |
| Signature |       |