**CSC/ CFWS Advice for the annual review of**

 **'s Education Health and Care Plan**

**Child/Young Person's Details**

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| --- | --- |
| Name (s) |       |
| Date of Birth |       |
| Parental Names |  |
| Home Address |  |
| Educational Placement |       | Date of Annual Review |       |

**Professionals Details**

|  |  |  |
| --- | --- | --- |
| Name | Role | Organisation |
|       |       |       |

|  |  |
| --- | --- |
| Will you be attending the Annual Review? (Yes/No) |       |
| Does the setting hold the latest copy of your reviews assessment / plans / PEP (Yes/No)*If not, please enclose it when you return this form.* |       |

|  |  |  |
| --- | --- | --- |
| Outcomes within the EHCP (***Section H1 and H2)***  | What has changed by your helping to meet these EHCP outcomes?(including Child`s Views) | Do you have any suggestions for future *provision* or has the outcome been met? |
| *Insert outcomes from the EHCP* |       |       |
| Example |       |       |
| CFWS: In 6 months Fred will be able to identify how he is feeling and respond with words not actions. | The support worker has met with Fred every week to look at identifying emotions and look at appropriate actions and ways to behave.  | Fred can now recognise when he is feeling frustrated and angry. He can tell an adult when he is feeling like this. He is still struggling to behave appropriately with consistency and can still hit out and break objects.  |
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| The Voice of the ChildStrengths and abilities – Like or admire |
|  |
| What is working and what is not working for       (Including Child`s Views) |
|  |
| What       has told me is important to her /him at this point (Child`s view) |
|  |
| What I consider is important at this point for       at this point (evidenced by) |
|  |
| Desired Outcome for       | How do we know when the desired Outcome has been achieved (including Child`s Views) | By Whom | By When |
| Fred can use words and not actions to express his emotions such as when he is feeling angry and frustrated | He can choose to go to a quiet space to calm down rather than lash out | FredCFWMum / Dad | In 3 months time |
| Any other comments you wish to make: |
|  |

**Future Social Care Provision**

**H1 Care package H2 CIN / CLA**

|  |  |  |  |
| --- | --- | --- | --- |
| What is the identified Social Care issue/concern/need? | Action and support to reduce need/concern | How often and by whom? | What is the desired outcome? |
|  |  |  |  |
| Review: |

**Completed by …………………………………. Date ……………………………..**