**Annual Review: Health Report**

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| **Name of the Service** |  |

**Child/Young Person's Details:**

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| First Name(s) |  | Surname |  |
| Date of Birth |  | Gender | Male |  | Female |  |
| Year Group |  | Pupil ID |       |
| Home address |  | NHS Number |       |
| Setting/School |  | Child Looked After? | Yes |  | No |  |
| Ethnicity |       | Religion |       |

\*If the child has been discharged from specialist services within the last 12 months, then please attach the discharge report. This should contain reason for discharge and be dated.

Discharge report attached: (please cross) [ ]

|  |  |  |
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| Name of professional completing form | Designation | Date |
|       |       |  |

**For children and young people who remain on your caseload please complete the form below:**

The content of this report has been gathered and discussed in conjunction with the CYP and their family (please cross) [ ]

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| Current SMART child centred outcomes within the existing EHCP that relate to your service | What involvement have you had in helping to meet this outcome? | What progress do you feel has been made towards achieving the outcome?  |
| *Insert outcomes below from the childs EHCP related to your service provision.**\*Please add extra rows as needed* | *Briefly discuss your level of involvement since last annual review. Include** *direct/indirect input*
* *liaison with and training offered to others*
 | *Discuss the positive progress the CYP has made and what they are now able to do better* |
|  |       |       |
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| **Brief description of child’s current presentation, strengths and identified difficulties relating to your involvement**. |
| *Give a balanced description of strengths and areas of difficulty/need, Use a person centred approach – the child/young person are equal partners. What are their hopes, needs and strengths?* |
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| **New SMART outcome(s)** **(if applicable):** | **or** | **Outcome to remain the same?** | **Yes** |  |
| *What changes will you see in the child/young person as a direct result of your involvement and what impact will this have on their life?* |
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| **What support (provision) do I need to achieve my outcome?** |
| *What support is needed from your service to meet the identified needs and achieve the SMART outcome?* *Preparation for Adulthood (Essential for Year 9 onwards)**Consider if relevant to your role:* * *Education/Employment*
* *Independent Living*
* *Leisure/Community Inclusion*
* *Emotional wellbeing / Physical Health*
* *What information will your service provide to aid the YP’s transition to adult services?*
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| **Who is going to provide this support (job title)?** |
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| **How often is support going to be provided (be specific)?** |
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| **Name** |  |
| **Job Title** |  |
| **Organisation** |  |
| **Address** |  |
| **Team email and contact number** |  |