**Parent/Carer Advice** contributing to an **Education, Health and Care Plan Annual Review Process**

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| **Name of Parent/Carer:** |  |
| **Name of your Child/Young Person:** |  |
| **Date of your Child/Young Person’s Annual Review Meeting:** |  |

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| **What progress has been made towards the outcomes in the EHC Plan?**    **SCHOOL TO COMPLETE BEFORE THE PARENT CARER COMPLETES THE FORM** | | |
| **Current child centred outcomes within the EHCP** | **What progress has been made towards these outcomes?** | **Has the outcome been met?** |
|  |  | Yes/Working towards/No |
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| **Part One: Preparation for your Child/Young Person’s Annual Review Meeting** |
| **What is going well for your child/young person?** |
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| **Is there anything you are worried about?** |
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| **Is there anything you would like to discuss to help them make progress?** |
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| **Do you have any questions you would like to ask?** |
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| **What are your aspirations, hopes and dreams for your child/young person’s future?**  This is an opportunity to tell us what you want your child to achieve as they get older. This could include education, work opportunities, home, friendships, community / leisure activities, confidence, self-esteem, well-being, health, independence for example. |
| **Education, Employment and Training:**  **Friends, Relationships, and Community:**  **Independent Living:**  **Good Health:** |

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| **What is your child/young person good at and what do they enjoy doing?** |
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| **What does your child/young person find difficult or need help with? Both in school and out of school.** |
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| **What is the best way to communicate with your child and engage them in decision-making?** |
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| **Part Two: Has anything important changed with your child’s special educational needs?**  You don’t have to fill in all the boxes.  Please tell us if you feel there have been any significant changes in their needs and strengths since their last review meeting (or since their first EHCP was issued)  If changes are required to your child/young person’s EHCP, these will be discussed with you at the review meeting. |

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| Communication and Interaction |
| Strengths  Needs |
| Cognition and Learning |
| Strengths  Needs |
| Social, Emotional and Mental Health |
| Strengths  Needs |
| Sensory and/or Physical |
| Strengths  Needs |
| Independence and self help |
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| **Have there been any changes to your child/young person’s health needs? (If any)** |
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| **Have there been any changes to your child/young person’s social needs? (If any)** |
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| **Is there anything else you want to tell us about your child/young person?** |
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| **Signed:** |  |
| **Date:** |  |