**ANNUAL REVIEW**

**EDUCATION, HEALTH AND CARE PLAN**

**School contribution**

## Details of Child or Young Person

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| --- | --- | --- | --- | --- | --- |
| **Family name:** |  | | | **Given names:** |  |
| **Date of birth:** |  | **YR group** |  | **Gender:** | Male |

## About Me – Child/Young Person’s Views (EHCP Section A)

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| This section should be completed by or with the child/young person prior to the review. Questions may be differentiated, and visual aids used where required. Please outline how the student’s views have been obtained e.g. discussion with the child, parent’s view of the child; views taken over time (observation). You may also use a separate form - Child/ young person’s contribution to the Annual Review of an Education, Health and Care plan (if used please attach to the annual review) |
| **This year I am proud of achieving…** |
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| **Next year I want to be able to…** |
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| **Important things that happened this year:** |
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| **Summary of views expressed at review meeting:** |
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## My Family’s Views (EHCP Section A)

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| This section should be completed prior to the review. You may also use a separate form - Family/parents/carers contribution to the Annual Review of an Education, Health and Care Plan (if used please attach  to the annual review) |
| **What has worked well over the past year:** |
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| **What hasn’t worked well over the past year:** |
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| **Our hopes for our child now and into the future:** |
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| **Summary of views expressed at review meeting:** |
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## My Special Educational Needs (EHCP Section B)

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| **Summary of current strengths and needs:** | |
| **Communication and Interaction** | |
| **Identified strengths and areas of improvement:** | **Summary of needs and areas giving concern:** |
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| **Cognition and Learning** | |
| **Identified strengths and areas of improvement:** | **Summary of needs and areas giving concern:** |
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| **Social, Emotional and Mental Health** | |
| **Identified strengths and areas of improvement:** | **Summary of needs and areas giving concern:** |
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| **Physical and/or Sensory** | |
| **Identified strengths and areas of improvement:** | **Summary of needs and areas giving concern:** |
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| **Analysis of academic progress:** Please comment on facts that have had an impact on progress over the last 12-month period. For example, mention specific interventions that escalated progress, contextual background information, explain any inconsistences in assessment results. |
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| **Analysis of other progress:** Please comment on progress that has been made in other areas, for example: social development, independence, confidence. |
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**Assessments** (unaided)carried out in line with the child or young person’s individual needs.

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|  | **Previous Results** | | | **Current Results** | | |
| **Area Assessed** | **Assessment Used** | **Date** | **Raw Score, Percentile, Standardised score** | **Assessment Used** | **Date** | **Raw Score, Percentile, Standardised score** |
| *e.g. Reading Accuracy* |  |  |  |  |  |  |
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| **Information on child/young person’s attendance** | | | |
| Attendance %, please attach attendance certificate | Attendance comments | No. of fixed term exclusions for last academic year | Fixed term exclusions comments |
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Note: please delete sections which are not relevant to child/young person’s age

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| Early Years Foundation Stage progress tracker – age 0 - 5 years | | | | | | | | | | | | | | | | | | |
|  | | **Prime Areas (Months)** | | | | | | | | **Specific Areas (Months)** | | | | | | | | |
| **Personal Social and Emotional** | | | **Communication and Learning** | | | **Physical Development** | | **Literacy** | | **Maths** | | **Understanding the World** | | | **Expressive Art and Design** | |
| **Date** | **Chronological age in months** | **MR** | **SCSA** | **MFB** | **LA** | **U** | **S** | **MH** | **HSC** | **R** | **W** | **N** | **SSM** | **PC** | **W** | **T** | **EMM** | **BI** |
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| **MR** | Making Relationships | **LA** | Listening and Attention | **MH** | Moving and Handling | **W** | Writing | **PC** | People and Communities | **EMM** | Exploring and using Media and Materials |
| **SCSA** | Self-Confidence and Self-Awareness | **U** | Understanding | **HSC** | Health and Self-Care | **N** | Numbers | **W** | The World | **BI** | Being Imaginative |
| **MFB** | Managing Feelings and Behaviour | **S** | Speaking | **R** | Reading | **SSM** | Shape, Space and Measure | **T** | Technology |  |  |

| School assessments - age 5 – 11 years | | | | | | |
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|  | **KS1** | | **KS2** | | | |
| **Subject** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** |
| **English** Overall subject level | Choose an item. |  |  |  |  |  |
| **Speaking** |  |  |  |  |  |  |
| **Listening** |  |  |  |  |  |  |
| **Reading** |  |  |  |  |  |  |
| **Writing** |  |  |  |  |  |  |
| **Maths** Overall subject level |  |  |  |  |  |  |
| **Science** Overall subject level |  |  |  |  |  |  |
| **Other school assessments** |  |  |  |  |  |  |
| **Reading Age** |  |  |  |  |  |  |
| **Test Used** |  |  |  |  |  |  |
| **Spelling Age** |  |  |  |  |  |  |
| **Other Assessments** |  |  |  |  |  |  |
| **Note:** please explain your school’s assessment methodology | | | | | | |

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| **School Assessments - age 11 – 16 years***.* | | | | | |
|  | **KS3** | | | **KS4** | |
| **Year 7** | **Year 8** | **Year 9** | **Year 10** | **Year 11** |
| **English** |  |  |  |  |  |
| **Speaking** |  |  |  |  |  |
| **Listening** |  |  |  |  |  |
| **Reading** |  |  |  |  |  |
| **Writing** |  |  |  |  |  |
| **Maths** |  |  |  |  |  |
| **Science** |  |  |  |  |  |
| **Other assessments** |  |  |  |  |  |
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| **Note:** please explain your school’s assessment methodology | | | | | |

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| **Post-16 courses** | | | | |
| **Subject/name of course** | **Level being studied** | **Current assessment** | **Predicted** | **Comments** |
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**My Health Needs (EHCP Section C)**

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| Please comment on the current health needs, including the involvement of Health Professionals if applicable. Change of medical need has to be supported by relevant medical advice. |
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## My Social Care Needs (EHCP Section D)

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| *Please comment on the current social care needs, including the involvement of Social Care or Early Professionals if applicable* |
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## My Outcomes (EHCP Section E)

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| **Current EHCP Outcomes** | **Has the outcome been met?**  *Yes/ No/ Partially* | **Evidence and details of achievement towards outcomes**  *Degree to which the outcome has been achieved, what progress has been made and whether the outcome remains appropriate* |
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| **New outcomes** (complete onlyif applicable). *Outcomes will usually set out what needs to be achieved by the end of a phase or stage of education* | | |
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## Planning for the coming year (EHCP - Section F, G, H)

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| **Current support arrangements for Education (Section F):**   * please attach provision map * comment on what is working well and what should be changed and why * reflect on discussion at the review meeting including parent/carer and child/young person’s views * include advice from professionals involved with the child/young person | | | | | |
| **Level** | **What is provided?** | **By whom?** | **How often** | **Impact** | **Strategies/support to be discontinued or amended?** |
| **Whole Class** |  |  |  |  |  |
| **Small groups** |  |  |  |  |  |
| **Individual** |  |  |  |  |  |
| **Current support arrangements for health (Section G)**   * please ensure that any comments reflect contribution from the relevant medical professional | | | | | |
|  | | | | | |
| **Current support arrangements for social Care (Section H1 and/or 2)**   * please ensure that any comments reflect contribution from the relevant social care professional | | | | | |
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## Preparing for adulthood (Year 9 onwards):

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| T**his section must be completed for all pupils in Year 9 and above**. Include a focus on preparing for adulthood, including employment, independent living and participation in society. | | |
| **Year 9/10** | The child or young person’s aspirations for when they leave education or training: |  |
| What are provisional plans and specific courses being explored: |  |
| *What support and advice are required for the young person to achieve their aspirations?* | |  |
| **Year 11** | **In addition to the above:**  **Appropriate Post-16 pathways:**  *Details of applications made to colleges/sixth forms/ apprenticeships*  Contingency planning:  *What to do if plans change (because of exam results for example)* |  |
| *What steps need to be taken to support the young person as they move towards independence?* | |  |

## Personal budget (Section J)

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| *A* ***personal budget*** *is a statement of the funding identified by the local authority to deliver provision set out in an EHC plan where a parent or young person is involved in securing their own provision.* | |
| **Have parents or young person requested Personal Budget?** | Choose an item. |
| **If yes, Is the personal budget managed by direct payments or third party?** |  |
| **If yes, has a financial audit been undertaken?**  **If yes, please provide date of audit:** | Choose an item. |
| Click here to enter a date. |

## Travel to school/college

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| *Children and Young People with special educational needs and disabilities* ***may*** *be eligible for help with travel to the school or college. Eligibility and the type of support should be discussed at the annual review meeting..* | |
| Briefly describe current transport arrangements  (type of vehicle, seating, restraints, pick-up point, escort) |  |
| Is the pupil involved in South Gloucestershire’s Travel Training Scheme? | **No** |

## Signatures

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name (*Please Print)*** | **Signature** | **Date** |
| **Author/Lead Professional** |  |  |  |
| **Head Teacher** |  |  |  |