# Kent County Council logo - kent.gov.ukAnnual Review Report for Education, Health & Care Plan *Early Years to Year 8*

## Child’s Information and Review of Basic Information

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| --- | --- |
| **Child’s Details** |  |
| Name of Pupil |  |
| Pupil also known as |  |
| Date of birth |  |
| Pupil address |  |
| Current year group |  |
| Chronological year group (if different) |  |
| Chronological age |  |
| Current setting | If transitioning to another setting, please also include this schools name |
| District |  |
| Contact number for the setting |  |
| Is the child a Looked After Child? | Yes  No |
| If yes, please provide the Social Workers contact details |  |
| Is the child a Child in Need? | Yes  No |
| If yes, please provide the Social Workers contact details |  |
| Is the child electively home educated? | Yes  No |
| Do the details above match those on the EHC plan? | Yes  No |
| If no, please specify what detail has changed.  The Local Authority will update their records for the child with the details provided above |  |
| **Attendance** |  |
| Overall attendance rate at date of review for this academic year | % |
| Overall attendance rate for last academic year | % |
| Are there concerns around attendance? | Yes  No |
| If yes, please provide details of steps taken to improve attendance |  |
| Is the child at risk of exclusion? | Yes  No |
| If yes, provide details of steps taken to prevent exclusion |  |
| Does the child receive any of their education off-site for any part of the week? | Yes  No |
| If yes, please state where and for how much time (in hours) |  |
| Is the child on a reduced timetable? | Yes  No |
| If yes, please state hours attending and what plans are in place to re-integrate to full time. |  |
| **Key dates** |  |
| Date of this Annual Review meeting |  |
| Date of the previous annual review |  |
| If the previous annual review meeting took place outside of timescale, please give further details |  |

## Contact Information for Parents/Carers

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| --- | --- | --- |
| Have there been any changes to the Parent/Carer’s personal details as shown on the EHC plan including email address?  If yes, please complete details below | | Yes  No |
|  | Parent/Carer 1 | Parent/Carer 2 |
| Parent/Carer’s name |  |  |
| Relationship to the child |  |  |
| Address |  |  |
| Mobile number |  |  |
| Home number |  |  |
| Email |  |  |

## Contributors to the Review Meeting

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of person invited to attend | Role  (E.g. Parent, Child, School, Social Worker, Speech & Language Therapist etc.) | Invited to contribute written advice | Written advice received/  attached | Attended |
|  |  | Yes  No | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No |

## Views of the School, Child and Parent/Carer

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| Strengths  What has gone well since the child’s last annual review/issue of the first EHC plan? | |
| Views of the school or setting |  |
| Views of the child |  |
| Views of the parent/carer |  |
| Additional Comments |  |

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| Difficulties  What challenges has the child faced since their last annual review/issue of the first EHC plan? | |
| Views of the school or setting |  |
| Views of the child |  |
| Views of the parent/carer |  |
| Additional Comments |  |

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| **Phase Transfer**  Please complete if the child is preparing for transition in the next academic year | |
| Please provide details of discussions around preference |  |

## Academic attainment

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| --- | --- | --- | --- | --- |
| Subject/Course/EYFS aspect | Type/name of assessment | Attainment at previous review | Current attainment | Level of attainment |
|  |  | Working:  above age appropriate level  at age appropriate level  below age appropriate level | Working:  above age appropriate level  at age appropriate level  below age appropriate level | If working below age appropriate level please state by how many years  Please include further information about additional support in place, e.g. 1:1 funding |
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## Recommendations to be considered by the Local Authority for this Annual Review

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| What is the recommendation to be considered by the Local Authority? | Maintain EHC Plan  Cease EHC Plan  Amendments to the EHC Plan |
| For maintain - please provide reasons for your recommendation | Outcomes are not yet achieved  No significant amendments  Other – please specify |
| For cease - please provide reasons for your recommendation (reasons outlined are appropriate to age group) | Ongoing educational or training needs can be met without an EHC Plan  Other – please specify: |
| For any recommendation for amendments, please provide these in the next section. | |

## Sections of the EHC Plan

Only complete if there are recommended amendments.

Please consider whether the EHC Plan is still reflective of the child’s needs and provision.

The Local Authority will conduct a full review of the EHC Plan and whether they intend to maintain the EHC plan in its current form, amend it, or cease to maintain it. The SEND Code of Practice 9.193 stipulates that “EHC plans are not expected to be amended on a very frequent basis”.

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| Section A: The views, interests and aspirations of the child and their parents  (Changes to Section A alone would not normally result in an amendment notice being issued) | |
| Are there any changes? | Yes  No |
| If yes, please outline any changes: |  |

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| Section B: Special educational needs (SEN)  (Significant changes to Section B must be supported by advice from the relevant professional e.g. EP, SALT, OT) | |
| Primary area of need | Cognition and Learning  Communication and Interaction  Social, Emotional & Mental Health  Physical and Sensory |
| Are there any changes to the content of section B? | Yes  No |
| If yes, please outline any changes: |  |

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| Specialist Teaching and Learning Service (STLS) | |
| Is the child open to STLS? | Yes  No |
| If you have received a report, please confirm that the report is attached | Yes, the report is attached |
| Risk Assessment and/or Behaviour Support | |
| Is there an individual Risk Assessment or Behaviour Support plan? | Yes  No |
| If you have received a report, please confirm that the report is attached | Yes, the report is attached |

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| Section C: Health needs  (Significant changes to health needs must be supported by medical advice) | |
| Are there any changes? | Yes  No |
| If yes, please outline any changes: |  |

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| Health – if applicable | |
| Progress towards current Health outcomes | Not met and not making progress  Not met, but making progress  Partially met, but progress stalled  Partially met, and making progress  Outcomes met |
| New Health outcome(s) as supported by outside agency Health advice and / or report |  |
| Have any additional Health needs been identified by a relevant Health professional? | Yes  No |
| Please detail those differences |  |
| Please record who provided the evidence/report below and attach to this report | |
| Name of the Health professional |  |
| Date of the report |  |

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| Therapies | |
| Is the child receiving any therapy related to SEN identified in the EHC plan? | Yes  No |
| If yes, please specify | Speech and Language Therapy (SALT)  Occupational Therapy (OT)  Physio  Child/Young Person Mental Health Service (CYPMHS)  Other - please specify: |
| Does this support need to continue? | Yes  No |
| If you have received a report, please confirm that the report is attached | Yes, the report is attached |
| Continuing Health Care | |
| Is the child open to Continuing Care service? | Yes  No |
| Please record who provided the evidence/report and their contact details |  |
| If you have received a report, please confirm that the report is attached | Yes, the report is attached |
| Communication Assisted Technology (CAT Team) | |
| Is the child open to the CAT service? | Yes  No |
| If you have received a report, please confirm that the report is attached | Yes, the report is attached |

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| Section D: Social care needs  (Significant changes to social care needs must be supported by social care advice) | |
| Are there any changes? | Yes  No |
| If yes, please outline any changes: |  |
| Social Care – if applicable | |
| Progress towards current social care outcomes | Not met and not making progress  Not met, but making progress  Partially met, but progress stalled  Partially met, and making progress  Outcomes met |
| New Social Care outcome(s) as supported by Local Authority Social Care advice and/or report |  |
| Have any additional Social Care needs been identified by a relevant Social Care professional? | Yes  No |
| If yes, please describe the new needs |  |
| Please record who provided the evidence/report below and attach to this report | |
| Name of the Social Care professional |  |
| Date of the report |  |

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| Section E: Outcomes  (Changes to Section E alone would not normally result in an amendment notice being issued) | |
| Are there any changes? | Yes  No |
| If yes, please outline any changes: |  |

Outcomes

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| Is the child at the end of a key stage? | Yes  No |

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| --- | --- | --- | --- | --- | --- | --- |
| Current outcomes (from the EHC plan) | Rating of progress | | | | | |
| Not met and not making progress | Not met, but making progress | Partially met, but progress stalled | Partially met, and making progress | Outcomes met | Outcomes are no longer relevant |
| Cognition and Learning: |  |  |  |  |  |  |
| Any new outcomes | *By the end of Key Stage X child will be able to X (area of need) (measurable) so that they can X.* | | | | | |
| Communication and Interaction: |  |  |  |  |  |  |
| Any new outcomes |  | | | | | |
| Social, Emotional & Mental Health: |  |  |  |  |  |  |
| Any new outcomes |  | | | | | |
| Physical and Sensory: |  |  |  |  |  |  |
| Any new outcomes |  | | | | | |

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| Were the new outcomes written in collaboration with: | |
| Health | Yes  No |
| Social care | Yes  No |
| Joint (health and social care) | Yes  No |

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| Section F: The special educational provision | |
| Are there any changes to the provision in these areas? | Cognition and Learning  Communication and Interaction  Social, Emotional & Mental Health  Physical and Sensory |
| If yes, please outline any changes (additional or completed interventions/strategies) |  |

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| Section G: Health provision reasonably required by the learning difficulties or disabilities which result in SEN  (Significant changes to health provision must be supported by health advice.) | |
| Are there any changes? | Yes  No |
| If yes, please outline any changes: |  |

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| Section H:  H1) Social care provision for a child/young person under18 related to section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA);  H2) Social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN  (Significant changes to social care provision must be supported by social care advice) | |
| Are there any changes? | Yes  No |
| If yes, please outline any changes: |  |

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| Section I: Placement  Paragraph 9.195 of the SEND Code of Practice 2015 makes it clear that a parent/YP’s can make a formal request for a particular school or other institution be named in the EHC plan if the local authority decides to amend the EHC plan. Paragraph 9.193 makes it clear that “EHC plans are not expected to be amended on a very frequent basis”. | |
| If the Local Authority decide to amend the EHC plan, would the parent/carer want to make a formal request for a particular school or other institution? | Yes  No |
| If yes, please outline the parental preference |  |

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| Section J: Personal budget | |
| Are there any changes? | Yes  No |
| If yes, please outline any changes: |  |

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| Section K: Advice and information | |
| Are there any changes? | Yes  No |
| If yes, please outline any changes: |  |

## Considerations for Next Annual Review Meeting

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| --- | --- |
| Based on the discussions in this meeting, should the plan be considered for ceasing at the next annual review? | Yes  No |
| Based on the discussions in this meeting, how do you expect the level of provision to change at the next annual review? | Maintain  Increase  Decrease |

## Sign off

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| *This section is to be completed by the professional completing the annual review report* | |
| I can confirm that this review captures the views wishes and feelings of the child and of their parents or carers.  I can confirm that all relevant professional reports are included as part of this annual review report. | |
| Name |  |
| Role |  |
| Signature |  |
| Date |  |
| Please identify whether there are any disagreements to the recommendations as set out in this report. If so, please provide details: |  |
| Please provide any other further comments |  |

Please ensure the form is returned to KCC within 2 weeks of the annual review meeting to support with legislative timescales.