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| ***Hull Clinical Commissioning Group***The Local Offer Hull**Annual Review****Education, Health, and Care****(EHC) plan** **Learner Name****DoB: DD/MM/YYYY** |

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| **Date of this Annual Review meeting:**# | **Date of last Annual Review:**# |
| **This annual review was aligned with the following reviews:****Child Looked After** [ ]  **Child In Need** [ ]  **Continuing Care** [ ]  **Personal Education Plan** [ ]  |
| **This is an accurate note of the Annual Review meeting chaired by:** |
| **Signature:** |  |
| **Name:** |  |
| **Position Held:** |  |

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| **What type of review is this?** | Scheduled (Annual/ 6 monthly pre-school) Review [ ]  Additional Review (phase transfer) [ ]   |
| **Early Review:** Please provide a brief summary of the reason(s) the Local Authority has agreed to an early annual review. (Please note, the Local Authority MUST agree to an early annual review being held).[ ] Change to Learners Needs or Provision[ ] Other: Please Specify: |
| **Does this review meeting indicate that the Local authority need to take immediate action?**Yes [ ]  No [ ] Comments: Note: EHC plans are designed to be read in conjunction with the most recent annual review. The Local Authority will only consider amending where there have been significant changes to the child / young person’s needs and/or provision.***NB:*** *The Local Authority will only consider amending the EHC plan in exceptional circumstances and if there have been significant changes to the child / young person’s needs and/or provision.* |

The Annual Review should discuss the following:

* the child/ young person’s strengths, interests, special educational and wider needs;
* the child/young person and family’s updated views, wishes and feelings;
* evaluation of what provision is working and not working;
* progress made against the agreed outcomes;
* setting new SMART outcomes for the next 12 months / phase of education;
* support, provision and action for the next 12 months: what, when, where, why, how and with whom - across education, health, care and at home.

Please ensure the young person’s views, and those of Parent/Carers, are included in this Annual Review report.

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| **Child / Young Person Personal details** |
| **Full name:** |  |
| **I like to be known as:** |  |
| **Date of birth:** |  | **Gender:** |   |
| **Ethnicity:** |  | **First language:** |  | **Religion:** |   |
| **Home address:** |  |
| **Telephone number:** |   | **Social Care Status** |  Not Applicable [ ]  Child In Need (CIN) [ ]  Child Looked After (CLA) [ ] Care Leaver [ ]   |
| **UPN:** |  | **NHS No:** |  | **Social Care No:** |  |

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| **Significant People – Parental Responsibility** |
| **Relationship to child:** |  | **Title:** |  |
| **First name:** |  | **Surname:** |  |
| **Home address:** |  |
| **Telephone:** |  | **E-mail:** |   |
| **Does this person have Parental Responsibility?**  | Yes [ ]  No [ ]   |
| **Any support needs?** |  |
| **First Language** |  |
| **Preferred method of communication?**  | Letter [ ]  Email [ ]  Telephone [ ]  |
| **For young people aged 16 and over:****The young person agrees to information about their EHC plan being shared with this person.**[ ]  Yes [ ]  No [ ]  Not able to respond *(please give details)* |

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| **Significant People**  |
| **Relationship to child:** |  | **Title:** |  |
| **First name:** |  | **Surname:** |  |
| **Home address:** |  |
| **Telephone:** |  | **E-mail:** |  |
| **Does this person have Parental Responsibility?**  | Yes [ ]  No [ ]   |
| **Any support needs?** |  |
| **First Language** |  |
| **Preferred method of communication?**  | Letter [ ]  Email [ ]  Telephone [ ]  |
| **For young people aged 16 and over:****The young person agrees to information about their EHC plan being shared with this person.**[ ]  Yes [ ]  No [ ]  Not able to respond *(please give details)* |

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| **Social Worker Details** |
| **Social Worker Name** |  |
| **Social Worker Contact Number** |  |
| **Social Worker Address** |  |
| **Local Authority & Team** |  |
| **Who has parental responsibility?** |  |

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| **People involved in this review meeting** |
| **Name:** | **Role:** | **Contact Details:** | **Invited to meeting (Y/N):** | **Attended meeting (Y/N):** |
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**Reports and assessments included with this Annual Review**

Please include any professional advice received within the last 12 months/last review, including Personal Educational Plan (PEP) for Children Looked After, including review reports from health or social care.

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|  | **Report / assessment** | **Written by** | **Date** |
| 1 | Learner’s views must be included with information on how these were sought.  |  |  |
| 2 | Parental/carer views must be included for all children and young people up to their 16th birthday. Views should continue to be sought should the YP want their parent/carer’s to be involved.  |  |  |
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| **Details of educational setting** |
| **Name and address of school/setting:** |  |
| **Date of entry:** |  |
| **Year Group:** |  |
| **Attendance in the last year - %** |  |
| **Please give details of any significant patterns of absence / changes in attendance in the last year** |  |
| **Exclusion**(Sessions - last academic year & current academic year so far) |
| **Academic year** | **Sessions** |
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| **Please detail any significant periods or patterns of exclusion**  |  |

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| **Have there been any significant areas of achievement or development since the last review?** |
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**SECTION A**

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| **Learner’s views must be included with information on how these were sought.** |

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| **Parental/carer views must be included for all children and young people up to their 16th birthday. Views should continue to be sought should the YP want their parent/carer’s to be involved.** |

These forms can be found on the Local Offer. [Home | Hull SEND Local Offer (mylocaloffer.org)](https://hull.mylocaloffer.org/)

**SECTION B**

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| **Special Educational Needs: Is Section B of the EHC plan still an accurate description of the child/young person’s special educational needs?** **If no, please return an annotated EHC Plan, or the evidence to indicate the changes necessary. (Without the evidence the team will not be able to make the necessary changes).**  | Yes [ ]  No [ ]  |

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| **Strengths and Achievements**  |
| **What went well this year? What support / interventions worked?** |
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| **Communication and interaction** |
| **Recommendations for next year? What are the areas for development?**  |
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| **Cognition and learning** |
| **Recommendations for next year? What are the areas for development?** |
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| **Social, emotional, and mental health** |
| **Recommendations for next year? What are the areas for development?** |
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| **Sensory and/or physical** |
| **Recommendations for next year? What are the areas for development?** |
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| **Developing independence; preparing for adulthood** |
| **Recommendations for next year? What are the areas for development?** |
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| **Attainment – Please provide a summary of progress made/not made in the previous 12 months. Please ensure it is clear what age the child/YP seems to be working at.**  |
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**SECTION C**

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| **Health and Medical Needs: Is Section C of the EHC Plan still an accurate description of the child/young person’s health needs? If no, the SEND Team must have medical advice/reports to update.**  | Yes [ ]  No [ ]  |
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**SECTION D**

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| **Social Care Needs: Is Section D of the EHC Plan still an accurate description of the child/young person’s social care needs? If no, the SEND Team must have social care advice/reports to update.** | Yes [ ]  No [ ]  |
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**SECTION E**

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| **Outcomes for education, health, and social care** |
| **For young people in year 9 and above, outcomes must demonstrate how the young person is being prepared for adulthood, including post-16 education and/or training opportunities, independent living, and travel.** |

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| **Outcome 1:**  | By when: |  |
| **Has this outcome been met?** | Yes [ ]  No [ ]  Partially [ ]  |
| **Comment on progress towards meeting this outcome** |  |
| **Is this outcome still relevant and appropriate?** | Yes [ ]  No [ ]  Partially [ ]  |
| **Please detail any changes required** |  |

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| **Outcome 2:**  | By when: |  |
| **Has this outcome been met?** | Yes [ ]  No [ ]  Partially [ ]  |
| **Comment on progress towards meeting this outcome** |  |
| **Is this outcome still relevant and appropriate?** | Yes [ ]  No [ ]  Partially [ ]  |
| **Please detail any changes required** |  |

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| **Outcome 3:**  | By when: |  |
| **Has this outcome been met?** | Yes [ ]  No [ ]  Partially [ ]  |
| **Comment on progress towards meeting this outcome** |  |
| **Is this outcome still relevant and appropriate?** | Yes [ ]  No [ ]  Partially [ ]  |
| **Please detail any changes required** |  |

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| **Outcome 4:**  | By when: |  |
| **Has this outcome been met?** | Yes [ ]  No [ ]  Partially [ ]  |
| **Comment on progress towards meeting this outcome** |  |
| **Is this outcome still relevant and appropriate?** | Yes [ ]  No [ ]  Partially [ ]  |
| **Please detail any changes required** |  |

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| **Outcome 5:**  | By when: |  |
| **Has this outcome been met?** | Yes [ ]  No [ ]  Partially [ ]  |
| **Comment on progress towards meeting this outcome** |  |
| **Is this outcome still relevant and appropriate?** | Yes [ ]  No [ ]  Partially [ ]  |
| **Please detail any changes required** |  |

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| **Outcome 6:**  | By when: |  |
| **Has this outcome been met?** | Yes [ ]  No [ ]  Partially [ ]  |
| **Comment on progress towards meeting this outcome** |  |
| **Is this outcome still relevant and appropriate?** | Yes [ ]  No [ ]  Partially [ ]  |
| **Please detail any changes required** |  |

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| **Pre-Year 9 New long-term outcomes agreed***To include what needs to be achieved by the end of a phase or stage of education in order to enable the child or young person to progress successfully to the next stage, and timescale.*  |
| **For young people in year 9 and above, outcomes must demonstrate how the young person is being prepared for adulthood, including post-16 education and/or training opportunities, independent living and travel.** |

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| **Outcome:**  | By when: |  |
| **What difference will this make?****What will be the impact?** |  |

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| **Outcome:**  | By when: |  |
| **What difference will this make?** **What will be the impact?**  |  |

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| **Outcome:**  | By when: |  |
| **What difference will this make?** **What will be the impact?**  |  |

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| **Outcome:**  | By when: |  |
| **What difference will this make?** **What will be the impact?**  |  |

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| **Post-Year 9 New long-term outcomes agreed***Outcomes must be amended to align with the preparation for adulthood outcomes.*  |
| **For young people in year 9 and above, outcomes must demonstrate how the young person is being prepared for adulthood, including post-16 education and/or training opportunities, independent living, and travel.** |

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| **Education and Employment Outcome:** | By when: |  |
| **What difference will this make?****What will be the impact?** |  |

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| **Independent Living Skills Outcome:**  | By when: |  |
| **What difference will this make?** **What will be the impact?**  |  |

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| **Maintaining Good Health Outcome:**  | By when: |  |
| **What difference will this make?** **What will be the impact?**  |  |

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| **Participation in Society and Friendships Outcome:**  | By when: |  |
| **What difference will this make?** **What will be the impact?**  |  |

**SECTIONS F, G, H**

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| **Is Section F of the EHC Plan still an accurate description of the special educational provision required to meet the child/young person’s special educational needs?***Please strikethrough provision no longer necessary and describe suggested amendments to provision- please note this must be backed by evidence or details as to why evidence is not available.*  |
| **F: Educational provision** |
| **Type of support/provision.****What is the educational provision required?** | **Timescales/frequency****How often will this happen and for how long?***Try to be as specific as possible* | **Who will provide this support?** |
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| **G: Health provision - Written confirmation of any changes to diagnosis or health provision from a medical professional must be supplied.** |
| **Health and Medical Needs: Is Section G of the EHC Plan still an accurate description of the child/young person’s health provision?** | **Yes** [ ]  **No** [ ]  |
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| **H1: Social Care provision (social care provision which must be made (if the young person is under 18) resulting from section 2 of the Chronically Sick and Disabled Person’s Act 1970) Written confirmation of any changes to social care provision must be supplied from a social care professional** |
| **Social Care provision Is Section H1 of the EHC Plan still an accurate description of the child/young person’s social care provision resulting from section 2 of the Chronically Sick and Disabled Person’s Act 1970** |
| **Type of support/provision.****What is the social care provision required?** | **Timescales/frequency****How often will this happen and for how long?** | **Who will provide this support?** |
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| **H2: Social Care provision** (any other social care provision reasonably required by the child/young person’s SEND? Written confirmation of any changes to social care provision **must be supplied** from a social care professional |
| **Social Care provision** Is **Section H2** of the EHC Plan still an accurate description of the child/young person’s social care provision |
| **Type of support/provision.****What is the social care provision required?** | **Timescales/frequency****How often will this happen and for how long?** | **Who will provide this support?** |
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**Transition Planning (from Year 9 onwards – please delete if Pre-Year 9)**

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| **Please include details of transition planning and discussions relating to:** |
| Further education / training / employment Is the young person continuing in education next academic year?If yes* Is this a Supported Internship?
* Is this Higher Education? If so, the EHC plan will cease as Student Finance England will be responsible for support.

If no* Are they going into social care provision?
 |  |
| Housing / independent living |  |
| Health |  |
| Social Services  |  |
| Hobbies /leisure interests |  |
| Independent travel |  |
| **What are the next steps in preparation for adulthood?** |
| *(If remaining in education is felt to be appropriate please provide detail on how this will prepare the young person for adulthood and how new recommended outcomes will prepare and support effective transition)* |

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| **Travel Planning** |
| Does the child/young person have home to school transport provided by the Local Authority? Yes [ ]  No [ ] If yes, please complete the Transport Review Form.If yes, what steps are being taken to help make the child/young person independent?*Please provide details:* |

**Review of Personal Budget (including arrangements for direct payments)**

*This section should review any existing Personal Budgets and Direct Payment arrangements. This does not relate to LA banding level resource unless this has been released through a requested and agreed personal budget.*

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| **Personal Budget/Direct Payment** (discussions about direct payments should feature within the review meeting)  |
| Are parents in receipt of a personal budget to deliver provision set out in the EHC Plan*“Personal budgets are an individual’s overall support package which may include a direct payment element”* | Yes – Education [ ]  Yes – Social Care [ ] Yes - Health [ ]  No [ ]  |
| If yes, give details and recommendations for ongoing arrangements: |
| Would the parent like to request an education personal budget? *Please ensure parents have a copy of the personal budget leaflet*  | Yes [ ]  No [ ]   |

**Summary of Discussion from the Annual Review Meeting, Further Action and Recommendations**

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| **Please use the space below to summarise any additional comments and confirm that those present are in agreement with the recommendations. Any dissenting views expressed in writing or at the meeting should be clearly attributed.** |
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| **Further action recommended, indicating clearly who will take responsibility:** |
| **Who?** | **Role** | **What will they do?** | **By when?** |
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| **Funding Arrangements** |
| **Request a change of progressive provision level?**  | [ ]  **Yes** – If the recommendation is to **change** progressive provision level, please ensure that reasons for this are explained clearly below. [ ]  **No** – Current funding remains appropriate |
| Please highlight evidence included in annual review indicating new progressive provision level required. If there is no evidence submitted the LA will not be able to consider this request.  |
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| Is there a need for one off financial support to support the learner’s needs? | Yes [ ]  No [ ]   |
| Please provide details below:  |
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| **Recommendations to the Local Authority following the review meeting:**  |
| **Continue with the EHCP?** | [ ]  **Yes** – Continue[ ]  **No** – Cease to maintainIf the recommendation is to **cease** the plan, please ensure that reasons for this are explained clearly within the in ‘Any other changes in needs or circumstances?’ section. |
| **Are amendments proposed?** Note: EHC plans are designed to be read in conjunction with the most recent annual review. The Local Authority will only consider amending where there have been significant changes to the child’s needs and/or provision | [ ]  **No amendments**The current plan will be maintained as it stands[ ]  **Minor amendments**Minor changes with regard to updating factual accuracy of information. e.g., year group. Contact details.[ ]  **Significant amendments**Significant changes proposed, such as changing level of need, revised outcomes and/or changes to resources/provision.**If amendments are required, please ensure that an annotated plan is attached with any relevant supporting evidence.** |
| Are you submitting an annotated EHCP with recommended amendments?  | **Yes** [ ]  **No** [ ] *Please note these amendments are recommendations and any final decision will be made by the LA SEND Assessment and Review Team.* |
| **If yes,** to which sections of the EHCP are you recommending amendments? B [ ]  F[ ]  If the placement in section I is no longer deemed appropriate complete the checklist below: [ ]  Discussion held with SEND Caseworker prior to review[ ]  Evidence from outreach services/EP recommending change of provision included[ ]  Parent and YP view regarding placement is included[ ]  Significant changes required in needs and provision indicated on annotated plan |
| [ ]  We confirm that we have checked with parent / carer / young person that ALL demographic details stated on page 1 of the EHCP are still correct. NB: Any changes are to be updated on the existing EHCP and forwarded |

***\*Supporting evidence and details of any amendments recommended to the EHC plan must be provided.***

***NB:*** *The Local Authority will only consider amending the EHC plan in exceptional circumstances and if there have been significant changes to the child / young person’s needs and/or provision.*

**Section 7 – Signatures**

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| **Authorisations and consents** |
| Are parents/carers happy that all aspects they wished to raise have been discussed at the meeting? | Yes [ ]  No [ ]  |
| Are parents/carers clear about, and in agreement with, proposed recommendations? | Yes [ ]  No [ ]  |
| Do parents/carers give consent for the review information/ reports to be shared?(as per the original information-sharing agreement) | Yes [ ]  No [ ]  |
| As required, is there consent from the author(s) of professional reports that this information can be shared? | Yes [ ]  No [ ]  |
| Headteacher/Principal Signature: |  |
| Print Name: |  |
| Date: |  |

Please send this report, together with any written advice, to the SEND Assessment & Review Team, parents/carers and/or the young person, and to all attendees invited to the review meeting **within 2 weeks of the review meeting.**