Essex County Council logo


Essex Annual Review Report Form for EHCPs

For those preparing for adulthood in year 9 and above who have an Education, Health, and Care Plan (EHCP)

|  |  |  |
| --- | --- | --- |
| Date of EHC plan or last annual review: |  | Click or tap to enter date of EHC plan or last annual review. |
| Date of current review meeting: |  | Click or tap to enter date of current review. |

# Section 1: Background Information

## Section 1a – Pupil Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname: |  | Click or tap here to enter pupil’s surname. |  | Forename(s): |  | Click or tap here to enter pupil’s forename(s). |
| Date of Birth: |  | Click or tap to enter pupil’s date of birth. |  | Year Group: |  | Choose pupil’s year goup |

|  |  |  |
| --- | --- | --- |
| Home Address: |  | Click or tap here to enter pupil's home address, include first line and town. |
| Post Code: |  | Click or tap here to enter home post code. |

|  |  |  |
| --- | --- | --- |
| Name of Parent(s) or Carer(s)/ Person responsible: |  | Click or tap here to enter parent or carer's full name. |

|  |
| --- |
| Parent(s)/Carer(s) address (if different to above): |
| Click or tap here to enter parent or carers home address, include first line, town and post code (if different to pupil’s). |

Answer Yes or No to the following questions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is Enter Pupil Name subject to a Care Order (where the Local Authority shares parental responsibility?): | Yes |  | No |  |
| Is Pupil accommodated under Section 20 of the Children Act 1989? | Yes |  | No |  |
| Are these details different from those on the Statement / EHC Plan / Moving On Plan? | Yes |  | No |  |

## Section 1b – Current Placement

Please provide as accurately as possible.

|  |  |  |
| --- | --- | --- |
| Name of current placement: |  | Click or tap here to enter name of pupil's current placement. |
| Date of admission: |  | Click or tap to enter date of pupil's admission to current placement. |
| **Actual** attendance to date: |  | Click or tap to enter date of pupil's actual attendance to date. |
| **Possible** attendance to date: |  | Click or tap to enter date of pupil's possible attendance to date. |
| **Percentage** ofattendance to date: |  | Click or tap here to enter the percentage of pupil's attendance to dat. |
| Is the child dual registered? |  | Choose from yes or no. |
| If **Yes**, where else? |  | Click or tap here to enter where pupil is registered. |

## Section 1c – Review Attendees

|  |  |  |
| --- | --- | --- |
| Name | Details (including job title, telephone number and e-mail) | Indicate if present at meeting |
| Click or tap here to enter attendee’s name. | Click or tap here to enter attendee’s details |  |
| Click or tap here to enter attendee’s name. | Click or tap here to enter attendee’s details |  |
| Click or tap here to enter attendee’s name. | Click or tap here to enter attendee’s details |  |
| Click or tap here to enter attendee’s name. | Click or tap here to enter attendee’s details |  |
| Click or tap here to enter attendee’s name. | Click or tap here to enter attendee’s details |  |
| Click or tap here to enter attendee’s name. | Click or tap here to enter attendee’s details |  |
| Click or tap here to enter attendee’s name. | Click or tap here to enter attendee’s details |  |
| Click or tap here to enter attendee’s name. | Click or tap here to enter attendee’s details |  |

## Section 1d – Who is coordinating this review?

|  |  |  |
| --- | --- | --- |
| Name: |  | Click or tap here to enter coordinator’s name. |
| Role: |  | Click or tap here to enter coordinator’s role. |
| Address: |  | Click or tap here to enter coordinator’s address. |
| Telephone Number: |  | Click or tap here to enter coordinator’s telephone number. |
| Email: |  | Click or tap here to enter coordinator’s email. |

## Section 1e - Documentation that supports annual review.

List all reports gathered since the Statutory Assessment / the last annual review, used in support of this review process. All reports referenced should be provided within the final annual review submission.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of report** |  | **Name of report writer** |  | **Role of report writer** |
| Click or tap to enter a date of report. |  | Click or tap here to enter name of report writer. |  | Click or tap here to enter writer’s role. |
| Click or tap to enter a date of report. |  | Click or tap here to enter name of report writer. |  | Click or tap here to enter writer’s role. |
| Click or tap to enter a date of report. |  | Click or tap here to enter name of report writer. |  | Click or tap here to enter writer’s role. |
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| Click or tap to enter a date of report. |  | Click or tap here to enter name of report writer. |  | Click or tap here to enter writer’s role. |

# Section 2: Gathering Information

Use [**Planning and arranging a person centred annual review**](http://www.essexlocaloffer.org.uk/sites/default/files/TOP%20-%20Guidance%20on%20person%20centred%20Annual%20Reviews.pdf) to gather pupil’s views of their progress and the support they have received and attach to this annual review. More information from the Gathering Information section of the review meeting can be attached (as appropriate) under the following headings:

1. What do people like and admire about me?
2. What do I need to stay safe and healthy?
3. What is important to me now?
4. What do I find difficult?
5. What is currently working well in my placement? What am I proud of?
6. What is currently working well outside of my placement?
7. What is currently not working well in my placement?
8. What is currently not working well outside of my placement?
9. What is important to me in the future?
10. What will be important for me in the future?

# Section 3: Progress made in previous year and plan for the next coming year.

## Section 3a: What is working well?

Provide views of those present on progress achieved towards the stated outcomes in the EHC plan as well as the Action Plan from the previous year. This should include evidence to show how support provided is helping to achieve those outcomes. Then identify the actions for the coming year.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Outcome | Steps identified last year to outcome | Progress in the last year | Changes to steps for next year or changes to outcomes | Planned provision (including costs) |
| Click or tap here to enter outcome. | Click or tap here to enter steps identified. | Click or tap here to enter progress. | Click or tap here to enter changes to steps. | Click or tap here to enter planned provision and cost. |
| Click or tap here to enter outcome. | Click or tap here to enter steps identified. | Click or tap here to enter progress. | Click or tap here to enter changes to steps. | Click or tap here to enter planned provision and cost. |
| Click or tap here to enter outcome. | Click or tap here to enter steps identified. | Click or tap here to enter progress. | Click or tap here to enter changes to steps. | Click or tap here to enter planned provision and cost. |
| Click or tap here to enter outcome. | Click or tap here to enter steps identified. | Click or tap here to enter progress. | Click or tap here to enter changes to steps. | Click or tap here to enter planned provision and cost. |
| Click or tap here to enter outcome. | Click or tap here to enter steps identified. | Click or tap here to enter progress. | Click or tap here to enter changes to steps. | Click or tap here to enter planned provision and cost. |
| Click or tap here to enter outcome. | Click or tap here to enter steps identified. | Click or tap here to enter progress. | Click or tap here to enter changes to steps. | Click or tap here to enter planned provision and cost. |
| Click or tap here to enter outcome. | Click or tap here to enter steps identified. | Click or tap here to enter progress. | Click or tap here to enter changes to steps. | Click or tap here to enter planned provision and cost. |

## Section 3b: Additional factors influencing progress.

Additional information on factors influencing progress. This should be included in the future Action Plan, for the following year, where appropriate. This should take account of the Education, Health and Care factors affecting the child / young person.

### School

|  |
| --- |
| Click or tap here to enter additional information about school. |

### Out of School

|  |
| --- |
| Click or tap here to enter additional information about out of school. |

# Section 4: Attainment and Progress

Profile of Need indicate areas of need (tick more than one as required) **Please indicate primary area clearly.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Physical Health or Medical | Hearing | Vision | Speech and Language | Emotional Development | Cognitive Ability | Social Development | Dispositions and Attitudes | Specific Learning Difficulties |
|  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NC Year | 9 | 10 | 11 (TA) | 11 (SATS) | Post 16 |
| Reading | Click or tap here to enter about reading. | Click or tap here to enter about reading. | Click or tap here to enter about reading. | Click or tap here to enter about reading. | Click or tap here to enter about reading. |
| Writing | Click or tap here to enter about writing. | Click or tap here to enter about writing. | Click or tap here to enter about writing. | Click or tap here to enter about writing. | Click or tap here to enter about writing. |
| Science | Click or tap here to enter about science. | Click or tap here to enter about science. | Click or tap here to enter about science. | Click or tap here to enter about science. | Click or tap here to enter about science. |
| Maths | Click or tap here to enter about maths. | Click or tap here to enter about maths. | Click or tap here to enter about maths. | Click or tap here to enter about maths. | Click or tap here to enter about maths. |
| Specify Other achievements | Click or tap here to enter about other achievements. | Click or tap here to enter about other achievements. | Click or tap here to enter about other achievements. | Click or tap here to enter about other achievements. | Click or tap here to enter about other achievements. |

# Section 5 Outcomes and next steps for the coming year

## Section 5a: Agreed outcomes for the coming year

|  |  |  |
| --- | --- | --- |
| Are there any changes to existing outcomes required? |  | Choose either yes or no. |

**If yes, please indicate required changes below.**

|  |  |  |
| --- | --- | --- |
| Existing Outcome: |  | Click or tap here to enter existing outcome. |

|  |  |  |  |
| --- | --- | --- | --- |
| Steps to outcome | Support | By Whom | Cost (£) |
| Click or tap here to enter steps to outcome. | Click or tap here to enter support. | Click or tap here to enter support provider. | Click or tap here to enter the cost. |
| Click or tap here to enter steps to outcome. | Click or tap here to enter support. | Click or tap here to enter support provider. | Click or tap here to enter the cost. |

|  |  |  |
| --- | --- | --- |
| Existing Outcome: |  | Click or tap here to enter existing outcome. |

|  |  |  |  |
| --- | --- | --- | --- |
| Steps to outcome | Support | By Whom | Cost (£) |
| Click or tap here to enter steps to outcome. | Click or tap here to enter support. | Click or tap here to enter support provider. | Click or tap here to enter the cost. |
| Click or tap here to enter steps to outcome. | Click or tap here to enter support. | Click or tap here to enter support provider. | Click or tap here to enter the cost. |

|  |  |  |
| --- | --- | --- |
| Existing Outcome: |  | Click or tap here to enter existing outcome. |

|  |  |  |  |
| --- | --- | --- | --- |
| Steps to outcome | Support | By Whom | Cost (£) |
| Click or tap here to enter steps to outcome. | Click or tap here to enter support. | Click or tap here to enter support provider. | Click or tap here to enter the cost. |
| Click or tap here to enter steps to outcome. | Click or tap here to enter support. | Click or tap here to enter support provider. | Click or tap here to enter the cost. |

|  |  |  |
| --- | --- | --- |
| Existing Outcome: |  | Click or tap here to enter existing outcome. |

|  |  |  |  |
| --- | --- | --- | --- |
| Steps to outcome | Support | By Whom | Cost (£) |
| Click or tap here to enter steps to outcome. | Click or tap here to enter support. | Click or tap here to enter support provider. | Click or tap here to enter the cost. |
| Click or tap here to enter steps to outcome. | Click or tap here to enter support. | Click or tap here to enter support provider. | Click or tap here to enter the cost. |

## Section 5b: Personal Budget

|  |  |  |
| --- | --- | --- |
| Does Enter Pupil Name receive a personal budget? |  | Choose either yes or no |
| Are any changes to the personal budget recommended? |  | Choose either yes or no |

**If yes, please provide details.**

|  |
| --- |
| Click or tap here to enter information about the changes recommended. |

## Section 5c: Placement

|  |  |  |
| --- | --- | --- |
| Does the current placement remain appropriate? |  | Choose either yes or no |
| If the student is not already in a mainstream placement, is the student ready to be included in a mainstream environment? |  | Choose either yes or no |

**If the student is in Year 10 or above, please indicate their preference for future placement (if known).**

|  |
| --- |
| Click or tap here to enter information about future placement. |

## Section 5d: Summary

|  |  |  |
| --- | --- | --- |
| Could the pupil’s needs now be met at SEN support? |  | Choose either yes or no |

**Comments**

|  |
| --- |
| Click or tap here to enter comments about SEN Support. |

|  |  |  |
| --- | --- | --- |
| Is it recommended that the EHC plan is ceased? |  | Choose either yes or no |

**Comments**

|  |
| --- |
| Click or tap here to enter comments about ceasing EHC plan. |

|  |  |  |
| --- | --- | --- |
| Is it recommended that the EHC Plan is amended? |  | Choose either yes or no |

**Comments**

|  |
| --- |
| Click or tap here to enter comments about EHC plan amendments. |

|  |  |  |
| --- | --- | --- |
| Is a re-assessment recommended? |  | Choose either yes or no |

**Comments**

|  |
| --- |
| Click or tap here to enter comments about re-assessing. |

|  |  |  |
| --- | --- | --- |
| Is any further action required? |  | Choose either yes or no |

**Comments**

|  |
| --- |
| Click or tap here to enter comments about further action. |

|  |  |  |
| --- | --- | --- |
| What percentage of their outcomes has the pupil made progress towards this year? |  | Click or tap here to enter the percentage of pupil's progress made towards this year. |

## Section 5e: Additional Comments

**Please use the space below to outline any further actions required indicating by whom. Add any additional comments.**

|  |
| --- |
| Click or tap here to enter additional comments. |

# ****Returning this form****

Please return this form together with any supporting records/information to the Statutory Assessment Service within 10 days of the annual review meeting.

## Mid Team

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