Essex County Council logo


Essex Annual Review Report Form for EHCPs

For pupils in year 1 to year 8 who have an Education Health Care Plan (EHCP)

|  |  |
| --- | --- |
| Date of EHC plan or last annual review: |  |
|  |  |
| Date of current review meeting: |  |

# Section 1: Background Information

## Section 1a – Pupil Details

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Forename(s): |  |
|  |  |  |  |
| Date of Birth: |  | Year Group: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Address: |  | Post Code(s): |  |

### Parent(s) or Carer(s)/ Person responsible details

#### First Parent(s) or Carer(s)/ Person responsible

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mr |  | Mrs |  | Miss |  | Ms |  | Other |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Forename(s): |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Address: |  | Post Code(s): |  |

#### Second Parent(s) or Carer(s)/ Person responsible (If applicable)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mr |  | Mrs |  | Miss |  | Ms |  | Other |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Forename(s): |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Address: |  | Post Code(s): |  |

Answer Yes or No to the following questions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is Enter name of pupil 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 |  |
|  |  |
| Date of admission: |  |
|  |  |
| **Actual** attendance to date: |  |
|  |  |
| **Possible** attendance to date: |  |
|  |  |
| **Percentage** ofattendance to date: |  |
|  |  |
| Is the child dual registered? |  |
|  |  |
| If **Yes**, where else? |  |

## Section 1c – Review Attendees

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Details (including job title, telephone number and e-mail) | Present at meeting | Absent from meeting: | Reason for absence (if applicable): |
|  |  |  |  |  |
|  |  |  |  |  |
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## Section 1d – Who is coordinating this review?

|  |  |  |
| --- | --- | --- |
| Name: |  |  |
|  |  |  |
| Role: |  |  |
|  |  |  |
| Address: |  |  |
|  |  |  |
| Telephone Number: |  |  |
|  |  |  |
| 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 | Title of report | Name of report writer | Role of report writer |
|  |  |  |  |
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# 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) |
|  |  |  |  |  |
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## 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

|  |
| --- |
|  |

### Out of School

|  |
| --- |
|  |

# Section 4: Attainment and Progress

Please provide detail of current attainment and indicate if there has been progress since last year. **Use P-Scales where appropriate.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | 6 (TA) | 6(SATS) | 7 | 8 | Progress from last year (Yes or No) |
| Reading |  |  |  |  |  |  |  |  |  |  |
| Writing |  |  |  |  |  |  |  |  |  |  |
| Science |  |  |  |  |  |  |  |  |  |  |
| Maths |  |  |  |  |  |  |  |  |  |  |

# 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? |  |  |

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

|  |  |  |
| --- | --- | --- |
| Existing Outcome: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Steps to outcome | Support | By Whom | Cost (£) |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Existing Outcome: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Steps to outcome | Support | By Whom | Cost (£) |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Existing Outcome: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Steps to outcome | Support | By Whom | Cost (£) |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Existing Outcome: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Steps to outcome | Support | By Whom | Cost (£) |
|  |  |  |  |
|  |  |  |  |

## Section 5b: Personal Budget

Enter Yes or No to the following questions.

|  |  |
| --- | --- |
| Does Enter name of pupil receive a personal budget? |  |
|  |  |
| Are any changes to the personal budget recommended? |  |

**If yes, please provide details.**

|  |
| --- |
|  |

## Section 5c: Placement

Enter Yes or No to the following questions.

|  |  |
| --- | --- |
| Does the current placement remain appropriate? |  |
|  |  |
| If the student is not already in a mainstream placement, is the student ready to be included in a mainstream environment? |  |

**If the pupil is in Year 1, please indicate parental preference for junior school (if known and where appropriate)**

|  |
| --- |
|  |

**If the pupil is in Year 5, please indicate parental preference for secondary school (if known).**

|  |
| --- |
|  |

## Section 5d: Summary

Enter Yes or No to the following questions.

|  |  |
| --- | --- |
| Could the pupil’s needs now be met at SEN support? |  |

**Comments**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Is it recommended that the EHC plan is ceased? |  |

**Comments**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Is it recommended that the EHC Plan is amended? |  |

**Comments**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Is a re-assessment recommended? |  |

**Comments**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Is any further action required? |  |

**Comments**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| What percentage of their outcomes has the pupil made progress 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.**

|  |
| --- |
|  |

# ****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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