**Educational Advice and Information - Review of EHC Plan**

The EHC Plan must be reviewed by the Local Authority every 12 months (minimum). Schools and settings are required to seek advice and information about the child/young person prior to the meeting from all parties involved in supporting the child/young person.

**The Annual Review must focus on the child/young person’s progress towards achieving the Outcomes specified in the EHCP.**

**(See guidance for completing this advice and information.)**

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| **SEND Service (click the relevant box)** | |
| Educational Psychology  Communication and Autism Team  Pupil and School Support  Sensory Support and Physical Difficulties Support Service – HST  Sensory Support and Physical Difficulties Support Service – VST  Sensory Support and Physical Difficulties Support Service – PDSS | EYIS (Area SENCO Team)  EYIS (Early Support Service)  Speech and Language Therapy  OT  Physiotherapy  Other, please detail: |

As part of the Annual Review process, relevant professionals working with the child/young person should contribute to the Annual Review. The SEN CoP (2105) states: *The school (or, for children and young people attending another institution, the LA) must seek advice and information about the child or young person prior to the meeting from all parties invited, and send any advice and information gathered to all those invited at least two weeks before the meeting* (9.176).

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| **Child/Young Person’s Information** | |
| **Child/Young Person’s Name:** | **Date of birth:** |
| **Impulse Number:** | **Name and address of setting/school:** |

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| **Description of the Service’s Involvement** |
| Description of the involvement of the service over the previous year, e.g. frequency/time/nature |

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| **Child/Young Persons Views and Aspirations** |
| These should be gathered by the setting and shared with professionals as part of the Annual Review process, to inform discussion at the Annual Review Meeting. These do not need to be duplicated in this section.  Information should be added here **only** if the service has recent, pertinent information to be shared. **These should not duplicate those that have been gathered as part of the annual review process.** |

**Progress Towards Outcomes and Review of Provision**

Comment on areas relevant to your service where you have collected evidence directly from service observations/assessment.

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| **Communication and Interaction** | |
| **EHCP Outcome(s)** | **Progress towards Outcome(s)** |
| Taken from the EHCP |  |
| **Suggested new /edited outcome(s)** (if required)  Please consider Preparation for Adulthood for Annual Reviews in Year 9+ | |
|  | |
| **Review of Provision in Section F** | |
| **What is working with current provision?** | **What is not working with current provision?** |
|  |  |
| **Recommended amendments to provision**  **No amendments  Yes, amendments below** | |
| * Identify any changes that are required to the provision. Additions and deletions. * If changes in type of provision are being considered then there should be recommended changes to provision in this section. * If no changes required then clearly state “No change to Section F provision is required” | |

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| **Cognition and Learning** | |
| **EHCP Outcome(s)** | **Progress towards Outcome(s)** |
| Taken from the EHCP |  |
| **Suggested new / edited outcome(s)** (if required)  Please consider Preparation for Adulthood for Annual Reviews in Year 9+ | |
|  | |
| **Review of Provision in Section F** | |
| **What is working with current provision?** | **What is not working with current provision?** |
|  |  |
| **Recommended amendments to provision**  **No amendments  Yes, amendments below** | |
| * Identify any changes that are required to the provision. Additions and deletions. * If changes in type of provision are being considered then there should be recommended changes to provision in this section. * If no changes required then clearly state “No change to Section F provision is required” | |

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| **Social, Emotional and/ Mental Health** | |
| **EHCP Outcome(s)** | **Progress towards Outcome(s)** |
| Taken from the EHCP |  |
| **Suggested new / edited outcome(s)** (if required)  Please consider Preparation for Adulthood for Annual Reviews in Year 9+ | |
|  | |
| **Review of Provision in Section F** | |
| **What is working with current provision?** | **What is not working with current provision?** |
|  |  |
| **Recommended amendments to provision**  **No amendments  Yes, amendments below** | |
| * Identify any changes that are required to the provision. Additions and deletions. * If changes in type of provision are being considered then there should be recommended changes to provision in this section. * If no changes required then clearly state “No change to Section F provision is required” | |

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| **Sensory and/or Physical Needs** | |
| **EHCP Outcome(s)** | **Progress towards Outcome(s)** |
| Taken from the EHCP |  |
| **Suggested new / edited outcome(s)** (if required)  Please consider Preparation for Adulthood for Annual Reviews in Year 9+ | |
|  | |
| **Review of Provision in Section F** | |
| **What is working with current provision?** | **What is not working with current provision?** |
|  |  |
| **Recommended amendments to provision**  **No amendments  Yes, amendments below** | |
| * Identify any changes that are required to the provision. Additions and deletions. * If changes in type of provision are being considered then there should be recommended changes to provision in this section. * If no changes required then clearly state “No change to Section F provision is required” | |

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| **Other relevant information** |
| Include any other updates that have occurred over the year that are relevant and have been gathered by the service. Include reference to which section of the EHCP it relates to. (In order to support Review Case Officer if changes are recommended)   * Appreciations and Achievements * Change of diagnosis |

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| **Any Further Recommendations** |
| Indication as to whether the plan needs to continue or cease. NOT next steps |

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| **Name of person completing the advice:** | **Service/ Agency:**  **Role in Agency:** |
| **Address** | **Contact Number**  **Email Address** |
| **Signature** | **Date advice completed** |

Please return this completed advice and information to the school/setting in sufficient time to enable the key person to circulate it at least two weeks before the Annual Review Meeting.