**EHCP Review Paperwork to be completed by the educational setting.**

**PART ONE: To be completed and circulated at least two weeks prior to the review**

**Review details**

|  |  |
| --- | --- |
| For EHCP amendments/updates - see EHC Plan dated | *Insert date of last EHCP* |
| Date of **last** EHCP Review: | Click or tap to enter a date. | Date of **this** EHCP Review: | Click or tap to enter a date. |
| Request forchange of **placement** | Choose an item. | What placement is requested? Any request for change in placement **must be based upon** a parent/carer preference. |  |
| Request change in **funding (with evidence)** | Choose an item. | Have you submitted evidence? E.g. costed provision map | Choose an item. |
| Significant amendments: annotated plan **must be** submitted | Choose an item. | No amendments: **do not** annotate and submit the EHCP | Choose an item. |
| Maintain EHCP as is | Choose an item. | Cease EHCP | Choose an item. |
| Request change in Primary Need | Choose an item. | Do you have external specialist advice to support significant changes? | Choose an item. |

**Child/YP details**

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| --- | --- | --- | --- |
| Child/YP’s Name: |  | DOB | Click or tap to enter a date. |
| School/setting: |  | Year Group |  |

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| **If over 16 years old, contact details:**  |  |
| **UPN:** |  |
| **Parent/carer name 1:** |  |
| **Mobile telephone:** |  |
| **Address:** |  |
| **Parent/carer name 2:** |  |
| **Mobile telephone:** |  |
| **Address:** |  |
| **Is the child looked after?** | Choose an item. |
| **If yes, can information be shared with the parent(s) named above?** | Choose an item. |
| **Named Social Worker** |  |
| **Named Social worker contact details:** |  |

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| **Areas of need (please rank starting with primary need as 1 and marking those not applicable):** | **Specify Need** |
| **Is there a change in Primary need supported by an external education specialist?** | Choose an item. | Click or tap here to enter text. |
| **Cognition and Learning** | Choose an item. |  |
| **Communication and Interaction** | Choose an item. |  |
| **Social, Emotional and Mental Health** | Choose an item. |  |
| **Sensory and/or Physical** | Choose an item. |  |

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| **Health Involvement** |
| **Is there a Health Care Plan in place?** | Choose an item. |
| **Name of the Health Professional who wrote the Health Care Plan:** |  |
| **Contact details:**  |  |

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| **Social Care Involvement** |
| **Does the child/young person have (or previously had):-** |
| **Early Support Assessment e.g. TAF, Family Support Worker** | Choose an item. |
| **Child in Need Plan** | Choose an item. |
| **Child Protection Plan** | Choose an item. |
| **Short breaks plan** | Choose an item. |
| **If there are any concerns about sharing any of the information in this report, please contact the named Social Worker/Lead Professional** |
| **Name of Social Worker/Lead Professional:** |  |
| **Contact details:** |  |

**Invited parties**

*(Please list* ***ALL*** *the professionals/agencies currently involved with the child/young person and ensure they are invited to the Review. Please refer to the SEN Code of Practice to ensure you invite the appropriate people, secondary schools and post-16 settings must be aware of the transition plan requirements). Please be aware that it is not always necessary for certain professionals to attend although they* ***must be*** *invited. Whilst the LA EHC Team* ***must be*** *invited, they would only attend on an exceptional basis.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Role (pre-populated for roles who are essential to process)** | **Contact Details** | **Invited** | **Attended** | **Report/Views received and attached**  |
|  | SENDCo |  | Choose an item. | Choose an item. | Choose an item. |
|  | Parent/carer |  | Choose an item. | Choose an item. | Choose an item. |
|  | Health  |  | Choose an item. | Choose an item. | Choose an item. |
|  | Social worker |  | Choose an item. | Choose an item. | Choose an item. |
|  | Specialist Outreach (if involved) |  | Choose an item. | Choose an item. | Choose an item. |
|  | Key supporting adult |  | Choose an item. | Choose an item. | Choose an item. |
|  | Child/young person |  | Choose an item. | Choose an item. | Choose an item. |
|  | Other |  | Choose an item. | Choose an item. | Choose an item. |
|  | Other |  | Choose an item. | Choose an item. | Choose an item. |
|  | Other |  | Choose an item. | Choose an item. | Choose an item. |
|  | Other |  | Choose an item. | Choose an item. | Choose an item. |

|  |
| --- |
| **Attendance at Educational Setting** |
| **Current attendance** | **Last year’s attendance** |
| Term 1 | Term 2 | Term 3 | Term 1 | Term 2 | Term 3 |
|  |  |  |  |  |  |
| Please provide reasons for attendance below 95% and the action taken:  |
| Potential leaving dates (applicable to pupils over the age of 14 years):  |
| Part time: does the CYP have a part-timetable in place? Consent from parent/carer given: Choose an item.Start date: Click or tap here to enter text.Reviewed: Click or tap here to enter text.End date: Click or tap here to enter text.Logged with Kirklees LA Education Safeguarding? Choose an item. |
| Earliest possible leaving date: | Click or tap here to enter text. | Projected leaving date: | Click or tap here to enter text. |

**Child / young person’s views**

*Note: please avoid using the ‘first person’ unless you are quoting actual words spoken or written by the child/young person themselves. This could also be a MAP which can then link to the EHCA submission.*

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| **How were these views captured?** |
|  |
| **What do people like and admire most about them?** |
|  |
| **What do they like doing? What makes them happy?** |
|  |
| **What are they good at?** |
|  |
| **What do they find difficult?** |
|  |
| **What helps them learn?** |
|  |
| **What keeps them healthy?** |
|  |
| **How they would like people to communicate with them** |
|  |
| **What would they like to do when they are older? Their dreams, aspirations, hopes?** |
|  |

**Parent / carer views**

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| **Parent / Carer Views:** |
| **Any significant changes for my child in the last year?**  |  |
| **What are my child’s strengths? What do people like and admire about them?** |  |
| **What is important to, and for, my child?** |  |
| **What’s working well for my child?** |  |
| **What is not working so well for my child at the moment?** |  |
| **What are my aspirations and hopes for my child’s future?** |
| **In the medium term (e.g. 2 to 4 years)** |  |
| **In the long term (e.g. 4 to 6 years, or further in the future)** |  |

**Attainment**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EYFS / EYDJ** | **Previous year** | **Aut 1** | **Aut 2** | **Spr 1** | **Spr 2** | **Sum 1** | **End of Year** | **End of Phase/KS** |
| **PSED** |  |  |  |  |  |  |  |  |
| **C&I** |  |  |  |  |  |  |  |  |
| **Thinking** |  |  |  |  |  |  |  |  |
| **Physical** |  |  |  |  |  |  |  |  |
| **Understanding the world** |  |  |  |  |  |  |  |  |
| **Art and design** |  |  |  |  |  |  |  |  |

***N.B.*** *EYFS and EYDJ levels* ***must******not*** *to be used beyond term 1 of year 1. If using EYFS data, please amend the table below as appropriate. Any assessment data which is recorded must be able to be interpreted and rationalized by a range of professionals. Please ensure that this can be accurately understood in all circumstances.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **KS1 & 2** | **Previous year** | **Aut 1** | **Aut 2** | **Spr 1** | **Spr 2** | **Sum 1** | **End of Year** | **End of Phase/KS** | **On track?** |
| **Reading** |  |  |  |  |  |  |  |  |  |
| **Writing** |  |  |  |  |  |  |  |  |  |
| **SPaG** |  |  |  |  |  |  |  |  |  |
| **Maths: Arith** |  |  |  |  |  |  |  |  |  |
| **Maths: Re & PS** |  |  |  |  |  |  |  |  |  |
|  |
| **Primary Need:**Tell us what assessment you have done. What progress has been made? | Click or tap here to enter text. |
| **Area of strength:**What is the CYP’s area of strength?Summarise the assessment and progress made. | Click or tap here to enter text. |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **KS3 & 4** | **Previous year** | **Aut 1** | **Aut 2** | **Spr 1** | **Spr 2** | **Sum 1** | **End of Year** | **End of Phase/KS** | **On track?** |
| **English Lang** |  |  |  |  |  |  |  |  |  |
| **English Lit** |  |  |  |  |  |  |  |  |  |
| **Maths** |  |  |  |  |  |  |  |  |  |
| **Science** |  |  |  |  |  |  |  |  |  |
| **Other:** |  |  |  |  |  |  |  |  |  |
|  |
| **Primary Need:**Tell us what assessment you have done. What progress has been made? | Click or tap here to enter text. |
| **Area of strength assessment:**What is the CYP’s area of strength?Summarise the assessment and progress made**.** | Click or tap here to enter text. |

|  |
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| **Key Stage 5 and further education -** Provide information regarding CYP’ name current course attainment and progress over time:**Attainment:** Click or tap here to enter text.**Progress:** Click or tap here to enter text. |
| **Additional comments about organisation/skills/routines/barriers/strengths.** |
| **Date** | **Subject/name of course** | **Level being studied** | **On track to achieve?** | **Progression route/next course** |
|  |  |  |  |  |
|  |  |  |  |  |
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| **Analyse and interpret the attainment and progress of the CYP**  |
| *Please provide an analysis of what the data for the CYP means, in relation to your specific school assessment system and what this means for the child/young person in respect of individual learning & progress.* |

**Progress towards outcomes**

***Progress towards achieving the outcomes specified in the EHC plan***

* ***Copy and paste*** *the* ***Outcomes from the EHCP*** *into the corresponding tables below*
* *Provide an up to date summary of the pupil’s progress towards these outcomes and detail the* ***reasons why*** *progress has been* ***less*** *than expected,* ***expected,*** *or* ***better*** *than expected. (Include NC or P levels measures if appropriate)*

**Cognition and Learning**

|  |
| --- |
| **Outcomes -** met/partially met/not met (please add for each outcome from the EHCP)Click or tap here to enter text. |
| **Reasons:**  |
| What is working well? | What barriers are there? |
|  |  |
| **Progress towards the above outcomes**  |
| Individual  |
| Parent/carer |
| Education/Health/Social Care |
| Progress towards outcomes is… | Less than expected |[ ]  Expected |[ ]  Better than expected |[ ]

**Communication and Interaction**

|  |
| --- |
| **Outcomes -** met/partially met/not met (please add for each outcome from the EHCP)Click or tap here to enter text. |
| **Reasons:** |
| What is working well? | What barriers are there? |
|  |  |
| **Progress towards the above outcomes**  |
| Individual  |
| Parent/carer |
| Education/Health/Social Care |
| Progress towards outcomes is… | Less than expected |[ ]  Expected |[ ]  Better than expected |[ ]

**Social, Emotional and Mental Health**

|  |
| --- |
| **Outcomes -** met/partially met/not met (please add for each outcome from the EHCP)Click or tap here to enter text. |
| **Reasons:** |
| What is working well? | What barriers are there? |
|  |  |
| **Progress towards the above outcomes**  |
| Individual  |
| Parent/carer |
| Education/Health/Social Care |
| Progress towards outcomes is… | Less than expected |[ ]  Expected |[ ]  Better than expected |[ ]

**Sensory and or Physical**

|  |
| --- |
| **Outcomes -** met/partially met/not met (please add for each outcome from the EHCP)Click or tap here to enter text. |
| **Reasons:** |
| What is working well? | What barriers are there? |
|  |  |
| **Progress towards the above outcomes**  |
| Individual  |
| Parent/carer |
| Education/Health/Social Care |
| Progress towards outcomes is… | Less than expected |[ ]  Expected |[ ]  Better than expected |[ ]

**Progress towards ‘preparation for adulthood’ outcomes.**

*To be completed for young people aged Year 9 (at the latest) and over. If not already in place: outcomes must be defined for Year 9 onwards within this review.*

**Higher education and/or employment**

|  |
| --- |
| **Outcomes -** met/partially met/not met (please add for each outcome from the EHCP)Click or tap here to enter text. |
| **Reasons:** |
| What is working well? | What barriers are there? |
|  |  |
| **Progress towards the above outcomes**  |
| Individual  |
| Parent/carer |
| Education/Health/Social Care |
| Progress towards outcomes is… | Less than expected |[ ]  Expected |[ ]  Better than expected |[ ]

**Independent living**

|  |
| --- |
| **Outcomes -** met/partially met/not met (please add for each outcome from the EHCP)Click or tap here to enter text. |
| **Reasons:** |
| What is working well? | What barriers are there? |
|  |  |
| **Progress towards the above outcomes**  |
| Individual  |
| Parent/carer |
| Education/Health/Social Care |
| Progress towards outcomes is… | Less than expected |[ ]  Expected |[ ]  Better than expected |[ ]

**Participating in society**

|  |
| --- |
| **Outcomes -** met/partially met/not met (please add for each outcome from the EHCP)Click or tap here to enter text. |
| **Reasons:** |
| What is working well? | What barriers are there? |
|  |  |
| **Progress towards the above outcomes**  |
| Individual  |
| Parent/carer |
| Education/Health/Social Care |
| Progress towards outcomes is… | Less than expected |[ ]  Expected |[ ]  Better than expected |[ ]

**Being as healthy as possible in adult life**

|  |
| --- |
| **Outcomes -** met/partially met/not met (please add for each outcome from the EHCP)Click or tap here to enter text. |
| **Reasons:** |
| What is working well? | What barriers are there? |
|  |  |
| **Progress towards the above outcomes**  |
| Individual  |
| Parent/carer |
| Education/Health/Social Care |
| Progress towards outcomes is… | Less than expected |[ ]  Expected |[ ]  Better than expected |[ ]

**Health outcomes**

|  |
| --- |
| **Outcomes -** met/partially met/not met (please add for each outcome from the EHCP)Click or tap here to enter text. |
| **Reasons:** |
| What is working well? | What barriers are there? |
|  |  |
| **Progress towards the above outcomes**  |
| Individual  |
| Parent/carer |
| Education/Health/Social Care |
| Progress towards outcomes is… | Less than expected |[ ]  Expected |[ ]  Better than expected |[ ]

**Social Care Outcomes**

|  |
| --- |
| **Outcomes -** met/partially met/not met (please add for each outcome from the EHCP)Click or tap here to enter text. |
| **Reasons:** |
| What is working well? | What barriers are there? |
|  |  |
| **Progress towards the above outcomes**  |
| Individual  |
| Parent/carer |
| Education/Health/Social Care |
| Progress towards outcomes is… | Less than expected |[ ]  Expected |[ ]  Better than expected |[ ]

*If an outcome has been met and there are still needs in that area, you should agree a new outcome and amend the plan accordingly.*

**PART TWO: To be completed at/following the Annual Review**

**Summary of discussion**

***Summarise*** *all points of discussion* ***during the meeting****.* ***Progress towards outcomes*** *should have been completed prior to the review and form one of your discussion points as well as* ***attendance*** *and* ***attainment****.* ***Actions*** *stemming from the conversations held are to be recorded at the end of the document. Put in wording from EHC review doc.*

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| --- | --- |
| **Recommendation to ‘maintain or cease’ the EHC plan** | **Yes/No** |
| To **keep / maintain** the EHC plan as it is with no changes | Choose an item. |
| To **amend** the EHC plan in line with the annotated document supplied changes document supplied | Choose an item. |
| To **cease** to maintain the EHC plan, for the following reasons:* Outcomes have been reached and the EHC plan is no longer required.
* Child / young person is over compulsory school age and no longer wishes to participate in education.
* Child / young person has left education and is now in employment / Higher Education.
 | Choose an item. |

**Suggested Amendments to the EHCP**

*Please record any changes to the EHCP by ensuring* ***track changes*** *is enabled in your MS Word copy of the EHCP. Record in the table below whether changes have been made to the corresponding section in the EHCP. You do not have to record the actual changes in this table, just whether changes have been made (Yes/No)*

|  |  |
| --- | --- |
| **EHCP Section** | **Amended? Yes/No** |
| **A** | All about me | Choose an item. |
| **B** | Needs | Choose an item. |
| **C** | Health needs which relate to his/her SEN | Choose an item. |
| **D** | Social Care needs which relate to his/her SEN | Choose an item. |
| **E/F** | The outcomes sought and the Educational Provision  | Choose an item. |
| **E/G** | The outcomes sought and the Health Provision  | Choose an item. |
| **E/H1** | The outcomes sought and the Social Care Provision | Choose an item. |
| **E/H2** | The outcomes sought and the Social Care Provision | Choose an item. |
| **J** | Should be completed by the SEND Team in discussion with the family |  |

**Agreed actions/requests following the review**

*This is the place to capture any actions that are required by professionals, school or the Local Authority following the review (e.g. referrals to services, consultation requests as per parent preference, etc.)*

|  |  |  |
| --- | --- | --- |
| **Action:** | **By Whom:** | **By When:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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**Summary**

|  |  |
| --- | --- |
| **Based on the professional reports provided and the discussion held today…** | **Yes/No** |
| 1. Has the pupil made **expected progress** given their special educational needs?(If no, the review should describe the action the school and parents have taken). | Choose an item. |
| Notes: |
| 2. Are the parents/carers **satisfied with the provision** made by the school and other agencies | Choose an item. |
| Notes: |
| 3a. Does the child still require the special educational provision specified in the EHC plan (Section F) | Choose an item. |
| Notes: |
| 3b. If the young person is 19 or over, have the education or training outcomes been achieved? | Choose an item. |
| Notes: |
| 4a. Have you identified any unmet **Educational** needs? | Choose an item. |
| Notes: |
| 4b. Have you identified any unmet **Health** needs? | Choose an item. |
| Notes: |
| 4c. Have you identified any unmet **Social Care** needs? | Choose an item. |
| Notes: |
| 5. Does the current setting remain appropriate? | Choose an item. |
| Notes: |
| 6. Is the child or young person due to **change phase** (e.g. Early Years to Primary, Primary to Secondary, Secondary to FE – indicate **parent/carer preference** below. This should be done in the review prior to the transition year e.g. Yr 5 ready for Yr 7, Yr 10 ready for post-16 | Choose an item. |
| Preference 1:Preference 2:Preference 3: |
| 7. If request for change of placement outside of change of phase- indicate parent/carer preference below: | Choose an item. |
| Preference 1:Preference 2:Preference 3: |

**SENCo checklist**

|  |  |  |
| --- | --- | --- |
|  | **Yes /No** | *Please attach copies of reports to this document.**In cases where there is a request for change of provision or placement a report from Specialist Teachers and / or Educational Psychology is required to support the SEN Panel in making a decision.**If a provision map is submitted then please ensure that the reports which inform this are also attached.* |
| **1. Attendees list** | Choose an item. |
| **2. Pupil attendance details** | Choose an item. |
| **3. Pupil attainment data**  | Choose an item. |
| **4. Summary of discussion completed with action points** | Choose an item. |
| **5. Reports from the school and other professionals**  | Choose an item. |
| **6. Health report** | Choose an item. |
| **7. Social Care report** | Choose an item. |

**Setting sign off**

|  |  |
| --- | --- |
| **Headteacher** |  |
| **School/Setting name** |  |
| **Signed** |  |
| **Date** |  |
| **Has this annual review been shared and agreed with parents? If not, why not?** |  |

**Parent / Carer sign off**

|  |
| --- |
| **I have had sight of and read the annual review paperwork and agree / disagree with its contents**  |
| **Parent / Carer name** |  |
| **Signed** |  |
| **Date** |  |
| **Comments** |  |

**Young Person sign off**

|  |
| --- |
| **I have had sight of and read the annual review paperwork and agree / disagree with its contents** *(Sign if over the age of 16 and / or no longer compulsory school age)* |
| **Young person name** |  |
| **Signed** |  |
| **Date** |  |
| **Comments** |  |

*Within* ***two weeks*** *of the review meeting you should send this* ***report****, the* ***amended EHCP*** *and* ***all relevant contributions*** *to:*

* *SENDACT Kirklees (Include how to do this ie gateway)?*
* *Parents/Carers or the young person*
* *All those invited to the review*