

**Annual Review Report Part 1 / Part 2** *(Delete as appropriate)*

**PART 2 Post-meeting report** (it is a statutory requirement that this is completed and circulated within 2 weeks of the review meeting)

**PART 1 Pre-meeting report** (it is a statutory requirement that this is completed and circulated at least 2 weeks before the review meeting)

**Annual review date of meeting (DD/MM/YY): Date of EHC Plan/last review:**

**Early Years Setting/School/College:**

**Section 1 – General information (All fields must be fully completed with up to date information)**

**Parent/carer**

**Pupil Details**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname:** |  |  | **Name:** |  | **Name:** |  | | |  | **Photo** |
| **Forename(s):** |  |  | **Contact details:** | | **Contact details:** | | | |
| **Date of Birth:** |  |  |  | |  | | | |
| **UPN:** |  |
| **Year Group:**  **(please indicate if offset)** |  |  |
| **Address:** | |  | **Is this a looked after child** | | **Yes** |  | **No** |  |
|  | **If yes, can this report be shared with the Parents/Carer stated above? Clarification must be sought from named Social Worker of child/young person.**  **Name of Social Worker :** | | | | | | | |
|  | **Comments:** | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Areas of need (please rank starting with primary need as 1 and marking those not applicable):** | | | | | | | | | | | | | | | | | | | | | |
| **Cognition and Learning** | | | |  | | **Communication and Interaction** | | | | | | |  | **Social, Emotional and Mental Health** | | | | | |  | |
| **Sensory** | | | |  | | **Physical** | | | | | | |  |  | | | | | | | |
| **Health Involvement** | | | | | | | | |  | **Social Care Involvement** | | | | | | | | | | | |
| **Is a Health Care Plan in Place** | **Yes** | |  | | **No** | |  |  |  | **Does the child/young person have:-** | | | | | | | | | | | |
| **Name of the Health Professional who wrote the Health Care Plan:** | | | | | | | | |  | **Single assessment:**  **(Early help and concern – TAF)** | | | | | | **Yes** | |  | **No** | |  |
| **Contact details:** | | | | | | | | |  | **Child in Need Plan** | | | | | | **Yes** | |  | **No** | |  |
|  | **Single assessment:**  **(Concern Risk Assessment)** | | | | | | **Yes** | |  | **No** | |  |
|  | **Child Protection Plan** | | | | | | **Yes** | |  | **No** | |  |
|  | **Short breaks plan** | | | | | | **Yes** | |  | **No** | |  |
|  | **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:** | | | | | | | | | | | |
| **People currently involved with the child/young person** | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | **Designation/Role** | | | | | | | | | **Invited to review meeting**  **✓** | **Attended review meeting**  **✓** | | | | | **Written evidence provided**  **✓** | | | | |
|  | |  | | | | | | | | |  |  | | | | |  | | | | |
|  | |  | | | | | | | | |  |  | | | | |  | | | | |
|  | |  | | | | | | | | |  |  | | | | |  | | | | |
|  | |  | | | | | | | | |  |  | | | | |  | | | | |
|  | |  | | | | | | | | |  |  | | | | |  | | | | |

|  |  |  |
| --- | --- | --- |
| **Information Checklist**  Please make sure that you have included the following supporting information:- | | **SENDACT**  **use only** |
| Child/young person’s current ‘My Profile’ |  |  |
| Parent/carer contribution |  |  |
| Reports from other professionals involved  (and including other professionals’ reports which are recent and relevant) |  |  |
| Annotated copy of the current EHC Plan (Annotated in line with the amendment key – please do not use tracked changes) |  |  |
| A copy of the AR PATH visual (if meeting held using the PATH model) |  |  |
| Reviewed target setting sheet/ALP/IEP |  |  |
| PfA (Preparing for Adulthood) outcomes (year 9 onwards) and provision |  |  |
| PfA – Record of Careers Advice and Work Experience |  |  |

|  |
| --- |
| **Section 2**  **Child/young person and parents contribution for the annual review** |
| **Child/young person**  To prepare for the review the child/young person must have the opportunity to update their ‘My Profile’. An appropriate person (normally in the education setting) can use person centred planning tools with them to help them to do this. Preparing their ‘My Profile’ for the review will enable the child/young person’s views to be shared with the other people involved at least 2 weeks before the review meeting takes place. |
| **Parent/carer**  The parent/carer should have the opportunity to prepare their contribution for the review and their contribution should be shared with the other people involved at least 2 weeks before the review meeting takes place.  What do you think is going well at the moment?  What do you think isn’t working so well? What do you think could make it better?  Has anything changed in terms of the goals and aspirations you have for your child?  Following the review meeting, where changes need to be made to **Section A** please attach an annotated copy of the EHC Plan using the following key:  Recommended additions: **Bold**  Recommended deletions: **~~Bold strikethrough~~ - or replace with a new Section A if appropriate** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 3**  **Levels of attainment and progress** | | | | |
| **Foundation Stage Profile** | | | | |
| **Seven Areas of Learning** | **Attainment at previous review** | **Dates** | **Current assessment levels (months)** | **Dates** |
| **Communication and Language**  Listening and attention  Understanding  Speaking |  |  |  |  |
| **Physical development**  Moving and handling  Health and self-care |  |  |  |  |
| **Personal, social and emotional development**  Self-confidence and self-awareness  Managing feelings and behaviour  Making relationships |  |  |  |  |
| **Literacy**  Reading  Writing |  |  |  |  |
| **Mathematics**  Numbers  Shape, space and measures |  |  |  |  |
| **Understanding the world**  People and communities  The world  Technology |  |  |  |  |
| **Expressive Art & Design**  Exploring and using media and materials  Being imaginative |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Attainment profile – children over 5**  **Teacher assessment**  **Please provide historical data and data from at least the previous review so that progress can be considered.** | | | | | | | | | | | | | | | | | |
| **English** | | | | Previous  attainment  as at……..  (insert NC year) | Previous attainment  as at…….  (insert NC year) | | Current  attainment  as at……..  (insert NC year) | Is progress meeting targets? | | | | Comments e.g. achieved with support. For attainments below expected target, please give further information. | | | | Expected attainment by end of current NC Yr | |
| Speaking/listening | | | |  |  | |  |  | | | |  | | | |  | |
| Reading | | | |  |  | |  |  | | | |  | | | |  | |
| Writing | | | |  |  | |  |  | | | |  | | | |  | |
| **Maths** | | | |  |  | |  |  | | | |  | | | |  | |
| **Analysis of attainment and progress** (please explain the descriptors you have used to describe attainment levels and progress)  **Benchmarking - please express current attainment in NC year (e.g. – ‘in year 5 but currently working within year 3 expectations’)** | | | | | | | | | | | | | | | | | |
| **Yr** | **Reading Age** | **Test used** | | | | **Date** | | |  | **Yr** | **Spelling Age** | | | **Test used** | | | **Date** |
|  |  |  | | | |  | | |  |  | | |  | | |  |
|  |  |  | | | |  | | |  |  | | |  | | |  |
|  |  |  | | | |  | | |  |  | | |  | | |  |
|  |  |  | | | |  | | |  |  | | |  | | |  |
| **Yr** | **Reading Comprehension Age** | **Test used** | | | | **Date** | | | **Yr** | **Numeracy Age** | | | **Test used** | | | **Date** |
|  |  |  | | | |  | | |  |  | | |  | | |  |
|  |  |  | | | |  | | |  |  | | |  | | |  |
|  |  |  | | | |  | | |  |  | | |  | | |  |
|  |  |  | | | |  | | |  |  | | |  | | |  |
| **Key Stage 4 (years 10 and 11)** | | | | | | | | | | | | | | | | | |
| **Date** | | | **Subject (qualification/accreditation)** | | | | | | | | | | **Predicted grade year 10** | | **Predicted grade year 11** | | |
|  | | |  | | | | | | | | | |  | |  | | |
|  | | |  | | | | | | | | | |  | |  | | |
|  | | |  | | | | | | | | | |  | |  | | |
|  | | |  | | | | | | | | | |  | |  | | |
| **Please include description of current studies/courses undertaken and analysis of progress** | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Post 16 courses** | | | | |
| **Date** | **Subject/name of course** | **Level being studied** | **On track to achieve?** | **Progression route/next course** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Analysis of progress** | | | | |
| **Anticipated Progression Pathway (beyond next 12 months)** | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 4 – Reviewing outcomes** | | | | | | | | |
| **Please describe the progress towards the outcomes in the EHC Plan (please insert additional rows as appropriate)** | | | | | | | | |
| **Outcomes and steps**  (please copy and paste outcomes and steps from  Section E of the EHC Plan) | **Progress towards the outcomes**  To include whether the steps and targets have been achieved, partly achieved, not achieved or need to be changed and proposals for new outcomes to be introduced.  Please give specific comments, information, evidence and analysis – please do not copy and paste sections of the EHC Plan in this section – all amendments should be provided as an annotated EHC- see notes below) | | | | | | | |
| **Early years/school/college summary**  (Completed and shared at least 2 weeks before the review meeting) | | **Review meeting discussion**  (Building upon the education setting summary) | | | | | |
|  |  | |  | | | | | |
|  |  | |  | | | | | |
|  |  | |  | | | | | |
| **Further to the review discussion:-** | | | | | | | | |
| Where changes need to be made to **outcomes (end of phase/key stage) and steps (for the coming year)** please attach an annotated copy of the EHC Plan using the following key: (Please do not use tracked changes)  Recommended additions: **Bold**  Recommended deletions: **~~Bold strikethrough~~**  Please highlight any content not agreed by all parties, and explain this in Section 8.  Please ensure that outcomes continue to take into account child & parent/young person aspirations.  **At the review meeting, please set short term targets towards meeting the outcomes/steps. Please append either the PATH visual or the target setting sheet to the report.** | | | | | | | | |
| **Section 5 – Special Educational Needs** | | | | | | | | |
| **Summary of any significant changes to the child/young person’s strengths and special educational needs, and related health and social care needs (significant change means where the change in needs is likely to result in a change in outcome and provision)**  **Also indicate below if no changes in special educational needs.**  Please give specific comments, information, evidence and analysis – please do not copy and paste sections of the EHC Plan in this section – all amendments should be provided as an annotated EHC- see notes below) | | | | | | | | |
| **Early years/school/college summary**  (Completed and shared at least 2 weeks before the review meeting) | | **Review meeting discussion**  (Building upon the school summary) | | | | | | |
|  | |  | | | | | | |
| **Further to the review discussion:-** | | | | | | | | |
| Where changes need to be made please attach the annotated the EHC Plan using the following key: (Please do not use tracked changes)  Recommended additions: **Bold**  Recommended deletions: **~~Bold strikethrough~~**  Please highlight any content not agreed by all parties, and explain this in Section 8. | | | | | | | | |
| **Section 6 – Reviewing provision and support** | | | | | | | | |
| **Please review the current provision and support (ie interventions, resources, strategies) within the Education, Health and Care Plan (EHCP) to ensure good progress towards meeting the outcomes detailed in the EHC Plan. Please highlight what has been working well or what needs to change since the Education, Health and Care Plan was implemented or the last review.**  **This section should give an overview of the review meeting discussions and then the detail of any adjustments to provision should be reflected in the annotated EHC Plan using the following key:** (Please do not use tracked changes)  Recommended additions: **Bold**  Recommended deletions: **~~Bold strikethrough~~**  Please highlight any content not agreed by all parties, and explain this in Section 8. | | | | | | | | |
| What is working well and needs to continue? | | | | | | | | |
|  | | | | | | | | |
| What isn’t working and needs to finish or change? | | | | | | | | |
|  | | | | | | | | |
| Can anything new be introduced to ensure needs are well met and progress can be made towards outcomes? | | | | | | | | |
|  | | | | | | | | |
| **Personal Budget** | | | | | | | | |
| (This is the amount of money identified by the Council to deliver provision set out in the EHC Plan where the parent or young person is involved in securing that provision) | | | | | | | | |
| Does the child/young person receive a personal budget? | | | | Yes |  | No |  |  |
|  | | | | | | | | |
| If yes, are any changes to the personal budget recommended? | | | | Yes |  | No |  |  |
|  | | | | | | | | |
| If yes, please provide details and any supporting evidence: | | | | | | | | |
| If the child/young person doesn’t receive a personal budget but would like to further discuss their options in relation to this, please tick the box | | | | | | |  |  |
|  | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 7 – Is this a ‘Change of Phase’ Review?** | **Yes** |  | **No** |  |  |
| Early years provider – nursery (1 or 2) Mainstream (stand-alone) infant schools – Year 1 Mainstream primary schools – Year 5 Mainstream 1st schools – Year 4  Mainstream middle schools – Year 7 Mainstream secondary schools – Year 10 Special schools – Year 10, 12 or 13 (depending on the leaving age of the school) | | | | | |
| **If yes, please give detail of the discussions about the next phase transfer that took place at the meeting. Please discuss parent’s preference of school/college for next phase transfer, and state parent’s preference of school/college or type of school/college where possible.** | | | | | |
| Please refer to guidance sent each year to education settings about effective planning for transfer from one education setting to another. This can be found on the Local Offer SENCO/Professionals page (<https://www.kirkleeslocaloffer.org.uk/senco-professional-landing-page/transitions/transition-in-and-between-schools-and-settings-for-young-people-with-send/>) | | | | | |
| **Section 8 – Additional information** | | | | | | | |
| **Please summarise any points of discussion at the meeting which haven’t already been covered within this report, stating the different views expressed and by whom, including any differences of opinion.** | | | | | | | |
|  | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 9 – Recommendations** | | | | | | | | |
| **Recommendations agreed at the Annual Review meeting, to be considered by the local authority** | | | | | | | | |
|  | | | | | | | | |
| EHC Plan to be maintained | | | | Yes |  | No |  |  |
|  | | | | | | | | |
|  | | | | | | | | |
| EHC Plan to be amended | | | Yes | |  | No |  |  |
|  | | | | | | | | |
| Please make sure all suggested amendments are detailed in the annotated EHC Plan and uploaded with this report. | | | | | | | | |
|  | | | | | | | | |
| EHC Plan should cease | | | | Yes |  | No |  |  |
|  | | | | | | | | |
|  | | | | | | | | |
| **Where further action is recommended, indicate clearly who will take responsibility:** | | | | | | | | |
| **Action** | **Lead Person taking responsibility** | | | | | | | |
|  |  | | | | | | | |
| **The pre-meeting report is compiled by:**  **Name: Position held:**  **Signed ………………………………………………… Date…………………………………………………………**   * Please upload this report in Word to Gateway, together with supporting information (detailed in Section 1 of the report), to the Kirklees SEND Assessment & Commissioning Team (SENDACT) (for early years settings who don’t access Gateway, please send securely to SENDACT in Word). * The document must be uploaded in Word format and thenames and descriptions must read **Annual Review Report Part 1** and **Annual Review Supporting Information** otherwise SENDACT may not be notified of the submission. * Please also send to the parents, young person and to all who are invited to attend the review meeting. **The pre-meeting report and supporting information should be sent at least 2 weeks before the review meeting.** | | | | | | | | |
| **This is an accurate record of the Annual Review meeting compiled by:**  **Name: Position held:**  **Signed …………………………………………… Date: …………………………………….**   * Please upload this report in Word to Gateway, together with the supporting information (detailed in Section 1 of the report), to the Kirklees SEND Assessment & Commissioning Team (SENDACT) (for early years settings who don’t access Gateway, please send securely to SENDACT in Word). * The document must be uploaded in Word format and thenames and descriptions must read **Annual Review Report Part 2**, the Annotated EHC **Annual Review Annotated EHC** and **Annual Review Supporting Information** otherwise SENDACT may not be notified of the submission. * Please also send to the parents, young person and to all who were invited to attend the review meeting. **The post-meeting annual review report should be sent within 2 weeks of the meeting or by the end of term, whichever is soonest.** * Should there be any comments from participants or amendments to the report following circulation and submission to SENDACT, please let SENDACT know immediately. | | | | | | | | |