

Name of setting/school/college:

Type of setting/school/college:

Annual Review of Progress for

FULL NAME OF CHILD/YP
D.O.B

please add a picture or photograph here

| Current Year Group | |
|----------------------------|---|
| | |
| Date of final EHC Plan | Banding |
| | |
| Date of last Annual Review | Date of this Annual Review |
| | |
| Lead professional and role | Signature on behalf of Slough Borough Council |
| | |

KEY INFORMATION: Personal Details

| Surname | Forename |
|-------------------------------|-------------|
| Date of Birth | Gender |
| Home Address | |
| | |
| Home Language | Religion |
| Ethnicity | |
| Legal Status | NHS Number |
| Setting/school/college | |
| % attendance since last | |
| review | |
| Next key transition point | |
| Persons with Parental Respons | sibility |
| Surname(s) 1. | Forename(s) |
| 2. | |
| Home Address | |
| Telephone Number | |
| Email address | |

BRIEF UPDATE OF THE CHILD YP'S PROGESS.

This is information <u>in addition</u> to that which is already written in the EHC Plan.

It does not need to repeat information in the EHC Plan.

IDEA! You could type updates into the original EHCP Plan in a different colour and then cut and paste it into this Annual Review form. This will enable you to avoid repetition.

Brief Update of Section A: The views, interests and aspirations (aims for the future) of *name* and *his/her* parents.

You may wish to <u>update</u> details here concerning:

- o any additions to 'key things that have happened', support network and how the child/YP likes to communicate and be involved in decision making
- o any changes to the child/YP's views and aspirations
- o any changes to the child/YP's interests and hopes for the future
- o current parental views and aspirations

Brief Update of Section B: name's Special Educational Needs

You may wish to update details here concerning:

- the child/YP's strengths and difficulties regarding Communication and Interaction, Cognition and Learning, Social, Emotional and Mental Health and Physical and Sensory Needs- (these can be used as subheadings-SEE BELOW)
- o strengths, skills and needs which directly affect the child or young person's SEN
- o current functioning and any positive achievements.

Communication and Interaction Cognition and Learning Social, Emotional and Mental Health

Physical and Sensory Needs

Brief update of Section C: Name's health needs which relate to his/her SEND

If there are <u>no health needs</u> clearly state this. If there are <u>updated</u> Health needs referenced elsewhere in the review they should also be noted in this section.

You may wish to update details here concerning;

- sensory needs, sight, hearing, physical
- o health needs relating to the child/YP's SEND and also those which do not relate to the child/YP's SEND.
- o also other health needs that have an impact on health but not necessarily on SEND
- o medication required during the school day, such as rescue medication for seizures

Brief update of Section D: Name's Social Care needs which relate to his/her SEND

If there are no Social Care needs clearly state this.

If there are <u>updated</u> Social Care needs referenced elsewhere in the review they should also be noted in this section.

You may wish to update details here concerning:

- o changes to key social care needs linked to the child's SEND (with parental consent)
- changes to <u>other</u> social care needs not linked to the child's SEND (with parental consent)

SECTIONS E and F:

The outcomes sought for *Name* as specified in their EHC Plan, update of progress and summary of SEND provision.

For each Outcome taken from the EHC Plan, please use a separate box and number the Outcome as it appears in the EHC Plan.

| | | Funded provision to be provided by | | |
|-----|-------------------------|------------------------------------|--------|-------------|
| Ref | Outcome | Education | Health | Social Care |
| E1 | cut and paste from EHCP | use an 'x' | | |
| E2 | | | | |
| E3 | | | | |
| E4 | | | | |
| E5 | | | | |
| E6 | | | | |
| E7 | | | | |

The above Health and Care outcomes and provision have been agreed and confirmed in the Health reports K3 and Social Care report K5 provided as part of the EHC assessment and were attached as appendices to the Education Health and Care Plan.

Update of Progress:

Progress towards these specified Outcomes should have been planned for and tracked in the intervening months following the issue of the finalised Plan or the last Annual Review through the setting and monitoring of clearly specified and achievable short-term targets by staff at the school.

These short-term targets will have been shared with and understood by parents, education staff and all professionals involved in supporting the child/YP.

| UPDATE OF PROC | RESS:COMMUNICATION AND INTERACTION- outc | omes and provision | |
|---|---|---|--|
| (E insert number) Outcome from EHC Plan to be achieved by the end of (insert phase of education) | Cut and paste from EHCP an outcome is the benefit or difference made to an individual as a result of an intervention and based upon assessment. an outcome is what will be achieved as a result of the provision that is put in place and should be forward thinking. | | |
| Steps Towards the Outcome as specified in the EHC Plan or last Annual Review | Cut and paste from EHCP or last Annual Review • Plan- these are steps on the journey towards the long term outcome/s • They are the shorter term outcomes which reflect expectations after a y without the plan needing amending at the next review. | | |
| Review of progress towards the Steps Towards the Outcome as specified in the EHC Plan or last Annual Review | Review- what has been done/achieved out of the steps towards about the what has been achieved as a result of the provision that was put in plate of the short term outcomes/steps towards have been achieved, new one of they have not or have been partially met both the steps towards and adapted/changed in response to this assessment/review. | ace over the last year? es will be set below. | |
| Steps towards the Outcomes for the next 12 months. | Plan: with the Long Term Outcome (E1 etc) in mind and building the CYP up to expect them to achieve within the next 12 months in view of the review above and is put in place below? | d as a result of the provision that | |
| | | By Whom (and funding source where appropriate) | |
| (F) Special Educational | Do: i.e., that which is additional or different from that made generally for other children of the same age. | | |
| Provision | Must be: specific- say exactly what the provision is quantified – how much of it, who will deliver detailed – facilities, staffing and curriculum arrangements linked to outcomes ie how the provision will enable outcome delivery (E) linked to sections A and B i.e., how information gathered has informed provision You can add further rows | specify staff –roles only, no names NB parents cannot be named | |
| | | | |
| (G) Health Provision | Delete box if no provision identified. If provision identified must complete Health Outcome/Provision section | | |
| (H2) Care Provision | Delete box if no provision identified. If provision identified must complete Social Care Outcome/Provision Section | | |

| UPDATE OF PRO | GRESS:COGNITION AND LEARNING- outcomes and | provision | |
|---|--|---|--|
| (E insert number) | Cut and paste from EHCP | | |
| Outcome from EHC Plan to be achieved by the end of (insert phase of education) | an outcome is the benefit or difference made to an individual as a result upon assessment. an outcome is what will be achieved as a result of the provision that is puthinking. | | |
| Steps towards the Outcome as specified in the EHC Plan or last Annual Review | Cut and paste from EHCP or last Annual Review • Plan- these are steps on the journey towards the long term outcome/as • They are the shorter term outcomes which reflect expectations after a ye without the plan needing amending at the next review. | | |
| Review of progress towards the Steps towards the Outcome as specified in the EHC Plan or last Annual Review | Review- what has been done/achieved out of the steps towards above What has been achieved as a result of the provision that was put in place of the short term outcomes/steps towards have been achieved, new ones of they have not or have been partially met both the steps towards and Stadapted/changed in response to this assessment/review. | e over the last year? s will be set below. | |
| Steps towards the Outcomes for the next 12 months. | Plan: with the Long Term Outcome (E1 etc) in mind and building the CYP up to this – what can we reasonably expect them to achieve within the next 12 months in view of the review above and as a result of the provision that is put in place below? | | |
| | | By Whom (and funding source where appropriate) | |
| (F) Special Educational | Do: i.e., that which is additional or different from that made generally for other children of the same age. | | |
| Provision | Must be: specific- say exactly what the provision is quantified –how much of it, who will deliver detailed – facilities, staffing and curriculum arrangements linked to outcomes ie how the provision will enable outcome delivery (E) linked to sections A and B i.e., how information gathered has informed provision You can add further rows | specify staff –roles only, no names NB parents cannot be named | |
| | | | |
| (G) Health Provision | Delete box if no provision identified. If provision identified must complete Health Outcome/Provision section | | |
| (H2) Care Provision | Delete box if no provision identified. If provision identified must complete Social Care Outcome/Provision Section | | |

| | GRESS: SOCIAL, EMOTIONAL AND MENTAL HEA | LTH-outcomes and | | |
|-------------------|--|---------------------------------|--|--|
| provision | | | | |
| (E insert number) | Cut and pasts from EUCD | | | |
| Outcome from | Cut and paste from EHCP | | | |
| EHC Plan to be | o an outcome is the benefit or difference made to an individual as a result of an intervention and based | | | |
| achieved by the | upon assessment. o an outcome is what will be achieved as a result of the provision that is put in place and should be forward | | | |
| end of (insert | thinking. | | | |
| phase of | | | | |
| education) | | | | |
| Steps towards the | 0.1 | | | |
| Outcome as | Cut and paste from EHCP or last Annual Review | | | |
| specified in the | Plan- these are steps on the journey towards the long term outcome. | nme/aspiration above. | | |
| EHC Plan or last | They are the shorter term outcomes which reflect expectations after | | | |
| Annual Review | without the plan needing amending at the next review. | | | |
| Review of | | | | |
| progress towards | PaviaW- what has been depolephic and out of the stage towards | chave and accomment of progress | | |
| the Steps towards | Review- what has been done/achieved out of the steps towards What has been achieved as a result of the provision that was put in | n place over the last year? | | |
| the Outcome as | If the short term outcomes/steps towards have been achieved, new ones will be set below. If they have not or have been partially met both the steps towards and SEND provison may be | | | |
| specified in the | adapted/changed in response to this assessment/review. | and GENE providen may se | | |
| EHC Plan or last | | | | |
| Annual Review | | | | |
| Steps towards the | | | | |
| Outcomes for the | Plan: with the Long Term Outcome (E1 etc) in mind and building the CYP up to this – what can we reasonably expect them to achieve within the next 12 months in view of the review above and as a result of the provision that is | | | |
| next 12 months. | put in place below? | | | |
| | By Whom (and funding | | | |
| | | source where appropriate) | | |
| (F) Special | Do: i.e., that which is additional or different from that made generally for | | | |
| Educational | other children of the same age. | | | |
| Provision | Must be: | specify staff -roles only, no | | |
| | specific- say exactly what the provision is quantified –how much of it, who will deliver | names | | |
| | o detailed – facilities, staffing and curriculum arrangements | ND payants sound be | | |
| | linked to outcomes ie how the provision will enable outcome delivery (E) | NB parents cannot be named | | |
| | o linked to sections A and B i.e., how information gathered has | nameu | | |
| | informed provision | | | |
| | You can add further rows | | | |
| | | | | |
| (G) Health | Delete box if no provision identified. If provision identified | | | |
| Provision | must complete Health Outcome/Provision section | | | |
| (H2) Care | Delete box if no provision identified. If provision identified | | | |
| Provision | must complete Social Care Outcome/Provision Section | | | |
| | | | | |

| UPDATE OF PROC | GRESS: SENSORY AND/OR PHYSICAL -outcomes | s and provision | |
|---|--|---|--|
| (E insert number) Outcome from EHC Plan to be achieved by the end of (insert phase of education) | Cut and paste from EHCP an outcome is the benefit or difference made to an individual as a upon assessment. an outcome is what will be achieved as a result of the provision that thinking. | | |
| Steps towards the Outcome as specified in the EHC Plan or last Annual Review | Cut and paste from EHCP or last Annual Review • Plan- these are steps on the journey towards the long term outco • They are the shorter term outcomes which reflect expectations after without the plan needing amending at the next review. | - | |
| Review of progress towards the Steps towards the Outcome as specified in the EHC Plan or last Annual Review | Review- what has been done/achieved out of the steps towards above and assessment of progress What has been achieved as a result of the provision that was put in place over the last year? If the short term outcomes/steps towards have been achieved, new ones will be set below. If they have not or have been partially met both the steps towards and SEND provison may be adapted/changed in response to this assessment/review. | | |
| Steps towards the Outcomes for the next 12 months. | Plan: with the Long Term Outcome (E1 etc) in mind and building the CYP usexpect them to achieve within the next 12 months in view of the review above put in place below? | | |
| | | source where appropriate) | |
| (F) Special Educational | Do: i.e., that which is additional or different from that made generally for other children of the same age. | | |
| Provision | Must be: specific- say exactly what the provision is quantified –how much of it, who will deliver detailed – facilities, staffing and curriculum arrangements linked to outcomes ie how the provision will enable outcome delivery (E) linked to sections A and B i.e., how information gathered has informed provision You can add further rows | specify staff –roles only, no names NB parents cannot be named | |
| (G) Hoalth | | | |
| (G) Health Provision | Delete box if no provision identified. If provision identified must complete Health Outcome/Provision section | | |
| (H2) Care Provision | Delete box if no provision identified. If provision identified must complete Social Care Outcome/Provision Section | | |

<u>SECTION H1:</u> ANY SOCIAL CARE PROVISION WHICH <u>MUST</u> BE MADE FOR A DISABLED CHILD OR YOUNG PERSON UNDER 18 UNDER SECTION 2 OF THE CHRONICALLY SICK AND DISABLED PERSON'S ACT 1970 (CSDPA).

| (E insert number) Outcome to be achieved by the end of (insert phase of education) | Progress towards these specified outcomes should have and tracked in the intervening months following the issue plan or the last Annual Review through the setting and magnetified and achievable short-term targets by staff at XX. These short-term targets will have been shared with and parents, education staff and all professionals involved in Name . | e of the finalised nonitoring of clearly XXXXX. | | | |
|---|--|---|--|--|--|
| Step towards the outcome. | Progress made towards the above outcome - have the short term steps towards the outcome been achieved within the last 12 months? Where short term outcomes are achieved, new ones will be set as part of the review process. | | | | |
| Provision | Provision By Whom (and funding source where appropriate) | | | | |
| ` ' | on - includes: practical assistance in the home, travel | specify roles only, no names | | | |
| assistance, provision of meals, facilitating holidays, telephone or special equipment provision, non-residential short breaks | | | | | |
| learning difficulties or disabilities Must only include services Can include services | tovision - Other social care provision not linked to ties could be included where appropriate vices not provided under CSDPA to be provided for the parent ocial care provision for over 18 | | | | |

^{*}Social Care provision under S2 of Chronically Sick and Disabled Persons Act 1970

Does the family receive a Personal Budget?

mixture?

<u>SECTION J:</u> Personal Budget: including arrangements for Direct Payments This section provides information on any Personal Budget that is used to secure provision in the EHC Plan and to meet the outcomes detailed in the Plan.

Yes/No

| (Please | e delete boxes below if n Persona | o personal budget al Budget Details | is being considered) |
|---|--|--|--|
| Source Where is the funding for the Personal Budget coming from? Education, Health, Social Care or a mixture? | Type How will this budget be managed? (direct payment, a notional arrangement, 3 rd | Amount (£) What is the Personal Budget amount? | Goods & services to be secured and outcomes to be met How will the Personal Budget be used? What will it be used to purchase and which |

party arrangement or a

outcomes detailed in the EHC Plan will the

Personal Budget contribute to?

| Action to be taken | Responsibility | When | |
|--|--|------------------|--|
| THE FOLLOWING ACTIONS NEED TO BE TA | KEN (please specify wh | nen and by whom) | |
| | | | |
| | | | |
| | | | |
| If YES , please give details below) | | | |
| Does the LA provide transport? | es the LA provide transport? YES/NO | | |
| Should the LA cease to maintain the EHCP? | uld the LA cease to maintain the EHCP? YES/NO | | |
| a change of provision recommended? YES/NO | | YES/NO | |
| Are any amendments recommended? | ١ | /ES/NO | |
| f the EHCP DOES NOT remain appropriate, ple | ease complete the follow | ving questions: | |
| | | | |
| | | | |
| | | | |
| | | | |
| if YES, please give details below) | | _ | |
| | m(3)/6a/6/(3): | 120/110 | |
| Have any amendments been requested by pare | nt(s)/carer(s)? | YES/NO | |
| Ooes the EHCP remain appropriate? | | YES/NO | |

SECTION K: Contributors to the Education, Health and Care Plan Review:

| Please name everyone who has contributed this Education Health and Care Plan Annual Review | | | | |
|--|-------|--------------------------|---|---------------------|
| Name | Title | How did they contribute? | Report attached? (inc date of report) | Report Reference |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

REVIEW of SECTION L: Family and Community Commitments.

People that have agreed to help:

| Name: | Role: | Organisation: | Commitment agreed and progress made towards it: | Resources required |
|-------|-------|---------------|---|--------------------|
| | | | | |
| | | | | |
| | | | | |

Has the above been agreed by all attending the review, including the parent(s)/carer(s) and pupil ? If 'No', alternative recommendations may be attached.

YES / NO

Please ensure the completed report is forwarded by <u>secure email</u> or <u>post</u> within 10 days of the Annual Review to the SEN Case Officer for your school AND copied to parent(s)/carer(s) and others involved in the review. SEND Team Address: SEND Team, Slough Borough Council, 2ND Floor East, St Martin's Place, 51 Bath Road, Slough, SL1 3UF. Email: <u>sendteam@scstrust.co.uk</u> Tel: 01753 787676.

| Child/ Young Person's signature(as appropriate) | Date |
|---|------|
| Parent(s)/Carer(s) signature | Date |
| Headteacher's/SENDCo's signature | Date |

Under the **Data Protection Act 2018**, we are required to gain your permission to keep personal details for you and your children on our database. Slough Borough Council and its agents may share this information with government and local authority departments and other authorised organisations for administrative, statistical and research purposes. For further information please visit: http://www.slough.gov.uk/council/data-protection-and-foi/privacy-notices.aspx

Completing this form and signing it gives us your informed consent. If you are unable to access the provided links or wish to submit a query in relation to fair processing, please contact the data protection officer at DataProtectionOfficer@slough.gov.uk

Appendix A: Child/Young Person's Contribution to the Annual Review

| About Me | Wiy Name | You do not have to use this appendix if | | | | | |
|-------------------|---|--|--|--|--|--|--|
| | My school/college | you use another way of collecting the pupil's views such as a Personal Profile | | | | | |
| My school/college | | | | | | | |
| My favourit | te lesson/What I am good at | | | | | | |
| Lessons th | nat I do not like/What I need to get better at | | | | | | |
| What is impo | ortant to me | | | | | | |
| Things I ar | m interested in/like to do. | | | | | | |
| People, far | mily and friends who are important to me. | | | | | | |
| My Goals | | | | | | | |
| | and dreams/Things I would like to do e next year: | | | | | | |
| In the futu | re: | | | | | | |
| What help | and support do I need to achieve my goals | ? | | | | | |
| Signature: | D | ate | | | | | |
| Please return | n by | | | | | | |

Appendix B: Parent(s)/Carer(s) Contribution to the Annual Review

| Name of Pupil: | You do not have to use thi | is appendix if | Date of Birth: |
|----------------------|-----------------------------------|----------------|------------------|
| School/college: | you have another approach | | Date of meeting: |
| | the parent's viev | ws. | |
| 1. What things do ye | ou feel are great about you | ur child? | |
| | | | |
| 2.What is important | t to your child? | | |
| 3. What do you thin | k is working? | | |
| 4. What do you thin | k needs changing? | | |
| 5. What you would | like to see your child achie | eving next? | |
| Is there anything el | se that you would like to s | ay? | |
| Name: | | Date | |
| Signature: | | Please re | eturn by |