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| **Annual Review of Progress****for*****FULL NAME OF CHILD/YP*****D.O.B***please add a picture/drawing* *or photograph here****add picture or photo here*** |

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| **Name of setting/school/college:** |  |
| **Type of setting/school/college:** |  |
| **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 Responsibility** |
| **Surname(s) 1.** **2.** |  | **Forename(s)** |  |
| **Home Address** |  |
| **Telephone Number** |  |
| **Email address** |  |

**BRIEF UPDATE OF THE CHILD YP’S PROGESS.**

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

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| **Brief Update of Section B: *name’s* Special Educational Needs****Communication and Interaction****Cognition and Learning****Social, Emotional and Mental Health** **Physical and Sensory Needs** |

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

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

**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.*

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|  |  | **Funded provision to be provided by** |
| **Ref** | **Outcome** | **Education** | **Health** | **Social Care** |
| **E1** |  |  |  |  |
| **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.**

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| **UPDATE OF PROGRESS:COMMUNICATION AND INTERACTION- outcomes and provision** |
|  **(E *insert number*) Outcome from EHC Plan to be achieved by the end of *(insert phase of education)*** |  |
| **Steps Towards the Outcome as specified in the EHC Plan or last Annual Review** |  |
| **Review of progress towards the Steps Towards the Outcome as specified in the EHC Plan or last Annual Review** |  |
| **Steps towards the Outcomes for the next 12 months.** |  |
|  | **By Whom** (and funding source where appropriate) |
| **(F) Special Educational Provision**  |  |  |
|  |  |
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|  |  |
| **(G) Health Provision** |  |  |
| **(H2) Care Provision** |  |  |

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| **UPDATE OF PROGRESS:COGNITION AND LEARNING- outcomes and provision**  |
|  **(E *insert number*) Outcome from EHC Plan to be achieved by the end of *(insert phase of education)*** |  |
| **Steps towards the Outcome as specified in the EHC Plan or last Annual Review** |  |
| **Review of progress towards the Steps towards the Outcome as specified in the EHC Plan or last Annual Review** |  |
| **Steps towards the Outcomes for the next 12 months.** |  |
|  | **By Whom** (and funding source where appropriate) |
| **(F) Special Educational Provision**  |  |  |
|  |  |
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|  |  |
| **(G) Health Provision** |  |  |
| **(H2) Care Provision** |  |  |

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| **UPDATE OF PROGRESS: SOCIAL, EMOTIONAL AND MENTAL HEALTH-outcomes and provision** |
|  **(E *insert number*) Outcome from EHC Plan to be achieved by the end of *(insert phase of education)*** |  |
| **Steps towards the Outcome as specified in the EHC Plan or last Annual Review** |  |
| **Review of progress towards the Steps towards the Outcome as specified in the EHC Plan or last Annual Review** |  |
| **Steps towards the Outcomes for the next 12 months.** |  |
|  | **By Whom** (and funding source where appropriate) |
| **(F) Special Educational Provision**  |  |  |
|  |  |
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|  |  |
| **(G) Health Provision** |  |  |
| **(H2) Care Provision** |  |  |

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| **UPDATE OF PROGRESS: SENSORY AND/OR PHYSICAL -outcomes and provision** |
|  **(E *insert number*) Outcome from EHC Plan to be achieved by the end of *(insert phase of education)*** |  |
| **Steps towards the Outcome as specified in the EHC Plan or last Annual Review** |  |
| **Review of progress towards the Steps towards the Outcome as specified in the EHC Plan or last Annual Review** |  |
| **Steps towards the Outcomes for the next 12 months.** |  |
|  | **By Whom** (and funding source where appropriate) |
| **(F) Special Educational Provision**  |  |  |
|  |  |
|  |  |
|  |  |
| **(G) Health Provision** |  |  |
| **(H2) Care Provision** |  |  |

**SECTION H1: ANY SOCIAL CARE PROVISION which must 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*)** |  |
| **Step towards the outcome.** |  |
| **Provision** | **By Whom**(and funding source where appropriate) |
| **(\*H1) Social Care Provision –**  |  |
| **(H2) Other Social Care Provision –**  |  |

*\*Social Care provision under S2 of Chronically Sick and Disabled Persons Act 1970*

**SECTION J: 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.**

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| --- | --- |
| **Does the family receive a Personal Budget?**  | **Yes/No** |

**(Please delete boxes below if no personal budget is being considered)**

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| **Personal Budget Details** |
| **Source** | **Type** | **Amount (£)** | **Goods & services to be secured and outcomes to be met** |
|  |  |  |  |

**SUMMARY OF REVIEW MEETING: please complete all sections**

Does the EHCP remain appropriate? **YES/NO**

Have any amendments been requested by parent(s)/carer(s)? **YES/NO**

(if **YES**, please give details below)

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If the EHCP **DOES NOT** remain appropriate, please complete the following questions:

Are any amendments recommended? **YES/NO**

Is a change of provision recommended? **YES/NO**

Should the LA cease to maintain the EHCP? **YES/NO**

Does the LA provide transport? **YES/NO**

(If **YES**, please give details below)

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**THE FOLLOWING ACTIONS NEED TO BE TAKEN** (please specify when and by whom)

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| --- | --- | --- |
| **Action to be taken** | **Responsibility** | **When** |
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**SECTION K: Contributors to the Education, Health and Care Plan Review:**

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| **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** |
|  |  |  |  |  |
|  |  |  |  |  |
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**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** |
|  |  |  |  |  |
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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 secure email or post 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: sendteam@scstrust.co.uk

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*](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**

**My Name**

**My school/college**

**About Me**

**My school/college**

My favourite lesson/What I am good at

Lessons that I do not like/What I need to get better at

**What is important to me**

Things I am interested in/like to do.

People, family and friends who are important to me.

**My Goals**

My hopes and dreams/Things I would like to do

Now, in the next year:

In the future:

What help and support do I need to achieve my goals?

 Signature:………………………………………………… Date……………………………

Please return by …………

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

**Name of Pupil: Date of Birth:­­­­­­­­­­­­**

**School/college: Date of meeting:**

1. What things do you feel are great about your child?

 2.What is important to your child?

3. What do you think is working?

4. What do you thinkneeds changing?

5. What you would like to see your child achieving next?

Is there anything else that you would like to say?

 Name: …………………………………………… Date……………………………

Signature:………………………………………………… Please return by …………