**Annual review (A/R) forms for educational settings**

| ***N.B This A/R template should be completed in line with the Person Centred Approach to Annual Reviews – A Guide for Educational Establishments. All professionals involved with the pupil must be invited to contribute as decisions around placement/provision will be made based on these reports. Please return to*** ***sen.reviews@brent.gov.uk*** |
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| **Annual review report**  |

## PUPIL DETAILS

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| Pupil’s Surname |  | Date of Birth |  |
| Pupil’s Forename |  | Gender: |  |
| Ethnicity  |  | Home Language | As part of the planning process, ensure you know what language the child / young person would like the meeting conducted in and arrange an interpreter if required |
| Address and Telephone Number |  | Parent Email |  |
| Current Year Group |  | Date of Review | It is important that Person Centred (PC) annual reviews are scheduled well in advance & that the educational setting communicates with the family so that they can attend |
| School Name |  | School Contact |  |
| UPN |  | NHS Number  |  |

## CARER DETAILS

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|  | Legal Parent(s) | Other Legal Parent (e.g. if at different address) |
| Full names of parent(s) or Guardian(s) |  |  |
| Relationship to pupil (and details of parental responsibility)  |  |  |
| Address if different from pupil |  |  |
| Parental telephone number |  |  |
| Parental email |  |  |
| Looked After Child | Y/N | Belonging to Authority |  |
| Percentage attendance for academic year:  |  |  |  |

**Contributors**

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| --- | --- | --- | --- | --- |
| **Type of Contributor** | **Name of Contributor** | **Invited to Review** | **Attended Review** | **Written Report Attached** |
| Young Person | The child / young person should always be invited & attend the A/R. The PC approach puts the child / young person at the heart of the process |  |  |  |
| Parent/Carer (s) | It is important that PC annual reviews are scheduled well in advance & that the educational setting communicates with the family so that they can attend  |  |  |  |
| Education Setting  | The educational setting need to ensure that they have spoken to the child / young person about which room / setting they would like for their review meetingThe name of the ‘Facilitator’ & the ‘Process Facilitator’ need to be added here |  |  |  |
| Education Professionals | The parent / carer & young person should be asked about who they want to be invited to the annual review |  |  |  |
| Health Professionals |  |  |  |  |
| Social Care Professionals |  |  |  |  |
| Careers Advisor (Year 9 onwards) |  |  |  |  |
| SEND 0-25 Team  | Once a date / time has been set for the annual review, an email should be sent to: sen.reviews@brent.gov.uk |  |  |  |
| Speech and Language Therapist (SALT) |  |  |  |  |
| Occupational Therapist (OT) |  |  |  |  |
| Physiotherapist (PT) |  |  |  |  |
| Other |  |  |  |  |

**Review of current EHC Plan, Section (E), the young person’s Outcomes and the steps to achieve them.**

Please state if the outcome has been met and no longer applies. If Outcomes are met **and** no new Outcomes are proposed consideration will be given to **ceasing** the Education, Health and Care Plan. **Please note proposed new outcomes on the annotated EHC Plan.**

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| **Progress against outcomes this year (Section E) including any new challenges faced. Please include evidence of attainment over time.**  |
| **Outcome** | **What did child/Young person achieve (progress as of Annual review) was there anything they need more help with? Did they achieve their outcome?** | **How can you show this?** |
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| **What progress towards achieving the outcome has been made?**  | **OuTcome 1** | **OUTCOME 2** | **OUTCOME 3** | **OUTCOME 4** | **OUTCOME 5** | **OUTCOME 6** | **OUTCOME 7** | **outcome 8** |
| 1. **Child has regressed**
 |  |  |  |  |  |  |  |  |
| 1. **No progress towards outcome**
 |  |  |  |  |  |  |  |  |
| 1. **Some progress made towards outcome**
 |  |  |  |  |  |  |  |  |
| 1. **Good progress made towards outcome**
 |  |  |  |  |  |  |  |  |
| 1. **Outcome nearly achieved**
 |  |  |  |  |  |  |  |  |
| 1. **Outcome achieved (new outcome to be set or area of need removed)**
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**Academic progress for the last year:**

Information relating to attainment and academic progress over time and predicted attainment if known should be included with the advice circulated two weeks before the review meeting to enable it to be discussed.

Essential Information Required - Record of Attainment:

Early Years Settings: use the Early Years Foundation Stage Profile measures

Schools/Colleges: Levels of Attainment and Progress: provide details of levels (e.g. NC Levels, or the results of standardised testing and provide a key with an age equivalence)

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| **Subject/Course** | **Test used**  | **Attainment from last year**  | **Autumn** | **Spring**  |  **Summer**  | **Current attainment**  |
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**Views on Progress since last Annual Review**

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| Please identify areas of strength and progress made in each area: | Refer to: * Flipchart 3 – Like & admire
* Flipchart Sheet 4 – What’s working?
* Flipchart 7 – Important to and for (now)
* Flipchart Sheet 8 – Important to and for (Future)
* Flipchart Sheet 9 - Action Plan

The contents of the above, along with reports from staff / professionals will enable you to complete this section under the headings below |
| Communication and Interaction |  |
| Cognition and Learning |  |
| Social, emotional and Mental Health |  |
| Physical and Sensory |  |

**Review of EHC Plan, Section C of the EHC Plan: Health Needs which relate to the young person’s SEN**

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| Current Health Need | Proposed new Health Need (with corresponding Medical report attached) |
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**Review of EHC Plan, Section G: Any Health provision reasonably required by the learning difficulties (and incorporated within the EHC Plan – include any new medical needs/diagnoses and attach corresponding report)**

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| Current Health Provision | Current Health Outcome | Proposed new Health Provision and Outcome(with corresponding Medical report attached) |
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**Review of EHC Plan, Section H1 and H2: Social Care Provision**

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| **Section H1:** *The social care provision which must be made for a child or young person under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA)*  |

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| **Current Social Care provision (including type of placement if relevant)**  | Current Provision | Proposed Change (with report) |
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| **Section H2:** *Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN.* |

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| **Current Social Care provision (including type of placement if relevant)** | Current Provision | Proposed Change (with report) |
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| **Young person’s views of progress made and updated aspirations – Please attach additional page if necessary** |
| Children and young people may have prepared something (with or without support) e.g. a PowerPoint, short film etc. to help to present their feelings and / or plans for the future. It is important that their views are captured:* Likes / dislikes
* Hopes, dreams and aspirations
* What support they need to stay healthy and safe

This ensures they can fully contribute – they may have chosen to express their views in a range of ways including drawings, pictures, symbols etc. As an educational setting, you may already help children / young people to do this. Children / young people **should** also have prepared a ‘One Page Profile.’ (There is an example in the PCP Approach to Annual Reviews – A Guide for Educational Establishments in Appendix E) |

| **Parental views of progress made and updated aspirations for the future life of your child/young person you are caring for? – Please attach additional page if necessary.** |
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| Refer to: * Flipchart Sheet 3 – Like and Admire
* Flipchart Sheet 4 – What’s working?
* Flipchart Sheet 5 – What’s not working?
* Flipchart Sheet 7 – Important to and for (now)
* Flipchart Sheet 8 – Important to and for (Future)
* Flipchart Sheet 9 - Action Plan

Parent / carer’s input on the above, along with any questionnaires sent prior to the A/R will enable you to complete this section |

| **What does the parent/young person think is needed to help achieve their outcomes in the next phase transfer? How will parents/carers help support this plan?** |
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| Refer to the following: * Child / young person’s presentation / video & / or one page profile
* Flipchart Sheet 3 – Like and Admire
* Flipchart Sheet 4 – What’s working?
* Flipchart Sheet 5 – What’s not working?
* Flipchart Sheet 7 – Important to and for (now)
* Flipchart Sheet 8 – Important to and for (Future)
* Flipchart Sheet 9 - Action Plan

The above, along with parent / carer & child / young person questionnaires completed prior to the A/R will enable you to complete this section |

**For all young people**

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| **Next significant event e.g. leaving school/ moving setting/ next Key Stage etc. include any expressed preference for the next setting and anticipated date of transfer** |
| Refer to: * Flipchart Sheet 4 – What’s working?
* Flipchart Sheet 5 – What’s not working?
* Flipchart Sheet 7 – Important to and for (now)
* Flipchart Sheet 8 – Important to and for (Future)
* Flipchart Sheet 9 - Action Plan

The above should enable you to complete this section |
| **Year 9 and Over – Preparation for Adulthood** |
| Has the young person identified a career path, or other education/employment or training? Yes/No |
| Has career guidance been provided? Please state details below. |
| Refer to:* Child / young person’s presentation / video & / or one page profile
* Any questionnaires completed prior to the A/R by parent / carers and / or the child / young person
* Careers Guidance input to the A/R & / or report
* Flipchart Sheet 8 – Important to and for (Future)
* Flipchart Sheet 9 - Action Plan

The above should enable you to complete this section |
| Please indicate any potential post sixteen avenues that the young person has expressed an interest in. |
| Refer to:* Child / young person’s presentation / video & / or one page profile
* Any questionnaires completed prior to the A/R by parent / carers and / or the child / young person
* Careers Guidance input to the A/R & / or report

The above should enable you to complete this section |

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| **Has the recommended level of therapy (SALT/OT/PT) changed?** | YES |  | NO |  |
| **Should the EHC Plan be continued to be maintained**  | YES |  | NO |  |
| **Should the EHC plan be amended?**i.e. are there any significant changes to needs, provision and outcome  | YES | If the EHCP needs amending then prepare a typed amended plan to share with SEND 0-25 Team  | NO |  |
| **Request for change of placement?** | YES |  | NO |  |
| **If yes please detail reasons**  |
| **If the child/young person is due to transfer to the next phase of education for the next academic year please state school/college of parents preference**  |  |
| **Are there any areas of concern or significant changes that the school/setting feel that the LA should know about related to education, health or social care?** | YES | NO  |
| If yes please specify  |  |  |

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| --- | --- | --- | --- |
| Signature of completing officer/designated teacher |  | Date |  |

Name of completing officer/designated teacher:

Email of completing officer/designated teacher:

Parent Signature:

Young person’s Signature: