**EHC Plan**

**Statutory Review Form**

|  |  |
| --- | --- |
| Name of child/young person (CYP): |  |
| Date of birth: |  |
| Current year group: |  |
| Educational setting:  |  |
| Date of review: |  |
| Type of review: tick as appropriate | [ ] Annual Review [ ] Interim Review [ ] Transition Review |

|  |
| --- |
| Photo of child or young person or significant image to personalise the plan (optional) |
|  |

|  |
| --- |
| Contents  |

Ctrl+click to follow link

Contents

[My information 3](#_Toc163743616)

[Section A: My Story (Background Information) 4](#_Toc163743617)

[Review Meeting information 6](#_Toc163743618)

[Who was invited and / or attended the review meeting? 6](#_Toc163743619)

[Review of progress 7](#_Toc163743620)

[Section E: Outcomes 7](#_Toc163743621)

[Learning levels / Progress tracker 9](#_Toc163743622)

[Attendance 9](#_Toc163743623)

[Section B & F: Special Educational Needs and Provision 10](#_Toc163743624)

[Section F: Provision for Year 9+ 11](#_Toc163743625)

[Section C & G: Health Needs and Provision 13](#_Toc163743626)

[Section C: Health Needs 13](#_Toc163743627)

[Section G: Health Provision 13](#_Toc163743628)

[Section D & H: Social Care Needs and Provision 15](#_Toc163743629)

[Section D: Social Care Needs 15](#_Toc163743630)

[Section H: Social Care Provision 15](#_Toc163743631)

[Provision map 16](#_Toc163743632)

[Personal Budget 18](#_Toc163743633)

[Key Stage Transfer 19](#_Toc163743634)

[Summary of meeting / minutes 20](#_Toc163743635)

[Recommendations of review meeting 21](#_Toc163743636)

[Current travel assistance arrangements 22](#_Toc163743637)

[Review sign off 22](#_Toc163743638)

EHC Plans are not expected to be amended annually and should span the child/young person’s Key Stage. The Annual Review document will form an appendix to the EHC Plan and can be referred to as needed.

Timescales: The review document and supporting documents/ appendices should be submitted to the Local Authority (LA) within 2 weeks from the review meeting.

Within four weeks of the review meeting, the LA will confirm to parents/carers whether they intend to maintain the EHC plan in its current form; amend it; or cease to maintain it (9.176 of the SEND Code of Practice 2014).

|  |
| --- |
| My information |

|  |
| --- |
| From year 9 onwards please complete young person’s contact details including telephone number and email address. |
| Surname: |  | Forename: |  |
| Preferred name: |  | DOB: |  |
| Gender: |  | Ethnicity: |  |
| Are there any Changes to contact details?  |   |
| Young Person’s Telephone number - if they wish to share: |  | Young Person’s email - if they wish to share: |  |
| Parent/carer Telephone number: |  | Parent/carer email: |  |
| Home address: |  |
| Is the child/young person looked after? |   | If yes, to which Local Authority: |  |
| Are there are other social care plans or involvement at present? For example Child in need plan or Child protection plan. |  If yes add to Section H below |
| Professionals currently involved (over the last 12 months), please include education, health, and social care professionals. |
| Name | Role | Contact details | Date of involvement |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
|  Section A: My Story (Background Information)  |

|  |
| --- |
| To be completed by the child/young person (CYP) and their family. Please record what is relevant now and what the CYP would like people around them to know. |
| Updates to my historyFamily situation, who is at home, hobbies & leisure, health, schooling, independence, friendships, further education, and future plans, including employment where relevant to age. |
|  |
| What’s important to me |
|  |
| What I’m good at and my achievements since the last review |
|  |
| What I would like to do in the future, my hopes, goals, and dreams  |
|  |
| How I like to be supported |  |
| How to communicate with me, including accommodations for social communication difficulties, any strategies, and adaptations e.g., visuals, gestures, PECs, Makaton etc. |  |
| Does the young person have a video to represent their story? |  If yes attach |
| Has the young person drawn a picture to represent their story? | If yes attach |
| How has the information in above been obtained? If the CYP was supported to provide their views/information, how and by whom? Include information about adaptations and who supported them to complete this (if applicable). |
|  |
| Date completed: |  |

|  |
| --- |
| Review Meeting information  |
| Who was invited and / or attended the review meeting?List below who was invited/attended this review meeting and how their views have been gathered. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** | **Role:** | **Date invited:** | **Attended?**  | **Report provided (attach to the review)** |
|  |  |  |   |   |
|  |  |  |   |   |
|  |  |  |   |   |
|  |  |  |   |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Was the CYP invited to the review? |   | Did the CYP attend the review? |   |
| Note below the adjustments/accommodations that were made to allow the CYP to attend and contribute to the review. |
|  |
| If the CYP has not provided any input/views and/or did not attend the meeting, what is the reason for this? The expectation is that even the youngest children can contribute if appropriate adaptions are made. |
|  |

|  |
| --- |
| Review of progress  |
| Section E: Outcomes  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Including Education, Health, and Social Care (as appropriate) Key to rating of Progress:

|  |  |  |
| --- | --- | --- |
| 1 – No progress since last review | 2 – Making progress towards outcome but not on track | 3 – On track to meet outcome |
| 4 – On track to meet outcome early | A – Achieved | NR – No longer relevant |

 |
| Current outcomes detailed in the EHC plan | Rating of Progress |
| 1 | 2 | 3 | 4 | A | NR |
| 1.  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |
| Where an outcome has been met, please provide further details below of how it was achieved. |
|  |
| Ideally there should be no more than 8 outcomes in an EHC plan, however you can add additional rows if needed. Please attach the agreed short-term targets to demonstrate progress towards reaching outcomes. |

|  |
| --- |
| Proposed amendments/additions to EHC Plan Outcomes including Education, Health and Social Care. |
| List below any new outcomes proposed or amendments needed to current outcomes. Outcomes must be Specific, Measurable, Achievable, Realistic and Time bonded (SMART).  |
|  |
| Who helped to amend/write the new outcomes recommended? |
| Parent/Carer/CYP |   | EP, STIPS, SLT: |   |
| Educational setting: |   | Social Care:  |   |
| Health professional:  |   | Other (please state): |

|  |
| --- |
| Learning levels / Progress tracker |
| Use this section to track progress and current levels of attainment. If you have an alternative format which captures the information below, please append this to the review form. Please append details of the assessment criteria (explanation of how the grades are derived) used and a comparison of progress made since the last annual review. Please add rows if needed. |
| Date of entry to setting | Level upon entry to setting | Is expected progress being made? |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Comments on any concerns about academic progress** |
|  |

|  |
| --- |
| Attendance  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Attendance since last review:** | **% Authorised** | **% Unauthorised** | **Number of suspensions (if any) since last review:** |
|  |  |  |  |
| **Comments on any concerns about attendance or suspensions.** Please identify below or by appending to this document if a referral has been completed to your Inclusion officer if attendance is below persistent absence level.  |
|  |

|  |
| --- |
| Section B & F: Special Educational Needs and Provision  |

|  |
| --- |
| Section B: Needs  |
| Are the CYP’s needs still accurately described in the EHC Plan? |  if no detail below |
| Summary of needs (please copy from current EHC Plan and show any amendments needed): |
| Suggested changes to Strength and Achievements in Section B (if any) List deletions and additions or copy from the EHC Plan and show changes |
|  |
|  |
|  |
|  |
|  |
| Suggested changes to NEEDS in Section B (if any) List deletions and additions or copy from the EHC Plan and show changes |
|  |
|  |
|  |
|  |
|  |
| Section F- Provision |
| Is the provision detailed in the EHC Plan accurate and relevant? |   |
| Suggested changes to PROVISION in Section F (if any) Please include the subheadings from the EHCP template to identify the section of the EHCP the provision has come from |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| Section F: Provision for Year 9+ |

|  |
| --- |
| Please refer to the Local Offer for guidance available for the transition review: [SEND resources for practitioners | Surrey Local Offer](https://www.surreylocaloffer.org.uk/practitioners/resources#panel-4) and <https://www.surreylocaloffer.org.uk/practitioners/resources#panel-4>Surrey County Council your transition guide to local post 16 education, options, and support: <https://www.surreycc.gov.uk/children/support-and-advice/families/send-support/send-support-document/your-transition-guide-to-local-post-16-education-options-and-support-services#section-1>Surrey County Council Preparing for adulthood booklet: <https://www.surreylocaloffer.org.uk/young-people/preparing-for-adulthood/booklet> |
| Preparing for Adulthood - higher education / employment • What post 16 pathways have been explored and identified for the child/young person? (i.e. Further education, training such as supported internships, apprenticeships, traineeships). • What arrangements have been made in the last year regarding support in finding a job? (i.e. work experience, work opportunities, job coaches etc). • discussions with young person and family regarding financial support to access the workplace (i.e. Job Centre Plus Access to Work funding; 16-19 bursary, Personal Independent Payments etc). |
| Provision/ Support Needed | Who is going to provide the support? | How often will it be provided? |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Preparing for Adulthood - independent living • Where does the young person want to live in the future, who with and what support will they need? • local housing options, support in finding accommodation, housing benefits and social care support. |
| Provision/ Support Needed | Who is going to provide the support? | How often will it be provided? |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Preparing for Adulthood - being as healthy as possible in adult life• Transition arrangements in place or needed from children to adult health services. |
| Provision/ Support Needed | Who is going to provide the support? | How often will it be provided? |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Preparing for Adulthood - Friends, Relationships and Community Participation• Planning and arrangements in place for the young person to access social and community activities and support in developing and maintaining friendships and relationships. |
| Provision/ Support Needed | Who is going to provide the support? | How often will it be provided? |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
|

|  |
| --- |
| Section C & G: Health Needs and Provision  |

 Section C: Health NeedsList below deletions and additions or tracked changes to the health needs identified in the EHC plan |
|  |

|  |
| --- |
|  Section G: Health Provision List below deletions and additions or tracked changes to the health provision identified in the EHC plan |

|  |
| --- |
|  |
| Is the CYP in emotional crisis? For example, has the CYP experienced any suicidal ideation/thoughts or expressed feelings causing concern to those around them?  |  If yes attach  |
| If a child is thought to be in immediate danger, a request should be made to the relevant agencies without delay.MindWorks helps children/young people and their families in need of support to access it in the most appropriate way. This could be through providing advice, signposting to existing support or passing through to specialist or clinical support. |
| Has the CYP been referred to MindWorks or do they have current involvement from the relevant agencies for any mental health concerns identified?  |  If yes detail below |
| Detail background information including who is involved and relevant dates. |
| Year 9+Has the child/ young person had their annual Learning disabilities health check completed by the GP?[*https://www.gov.uk/government/publications/annual-health-checks-and-people-with-learning-disabilities/annual-health-checks-and-people-with-learning-disabilities*](https://www.gov.uk/government/publications/annual-health-checks-and-people-with-learning-disabilities/annual-health-checks-and-people-with-learning-disabilities)Learning disabilities health checks can help people with learning disabilities to use health services better by understanding what their local GP service can provide for them and learning how to use it.Everyone who has a Learning Disability should be registered on their GP practice LDR. You can join the register at any age. Annual health checks have been extended to include anyone with learning disabilities aged 14 years or above.  |  If yes detail below |
| Details including when the health check was completed or the date it is due to be completed by the GP. |

|  |
| --- |
| Section D & H: Social Care Needs and Provision  |

|  |
| --- |
| Any practitioner, child, young person, or family member can directly access the Family Information Service for information on Social Care services. This directory provides a detailed list of a variety of services that are available in the community by typing in a keyword search: [Family Information Service - Surrey County Council (surreycc.gov.uk)](https://www.surreycc.gov.uk/children/families)For information on Social Care Needs see: <https://www.surreycc.gov.uk/children>Please ensure that the parent/carer/young person has/have consented to information being shared. |

|  |
| --- |
| Section D: Social Care Needs  |

|  |  |
| --- | --- |
| Are there any changes to the Child/Young person/family current Social Care Needs?  |  If yes summarise below. |
| Does the Child/Young person/family have any current Social Care Needs?  |  If yes summarise below. |
| Have any significant social care risks been identified or raised? |  If yes summarise below. |
| Please detail any amendments or new social care NEEDS here: |
| If you have identified any social care needs or risks a referral should be made direct to Surrey’s C-SPA without delay. Where appropriate a risk assessment should be undertaken - please attached to the review |
| Has a referral been made to C-SPA? |  If yes attach a copy. |
| If there are Social Care needs noted above, have they been identified or changed since the final EHC Plan or last review? |   |

|  |
| --- |
| Section H: Social Care Provision  |

|  |  |
| --- | --- |
| Is there any CURRENT social work/or Children Services support and/or involvement with the family, child/young person? |   |
| Has there been any PREVIOUS social work/or Children Services support and/or involvement with the family, child/young person in Surrey or elsewhere?  |  If yes summarise below. |
| Is there any Social Care provision that needs to be included in the plan? | If yes summarise below.  |
| Please note any new or amended social care involvement here, provide dates where applicable: |

|  |
| --- |
| Provision map  |

|  |
| --- |
| Use the provision map to show support is in place (provision) specifically for the CYP to achieve his/her outcomes. If you have an alternative format you would prefer to use which captures the information below, please append it to the review form. Please add or delete rows as needed. Please do not include ordinarily available provision. |

|  |  |  |
| --- | --- | --- |
| Need  | Additional strategies needed within the classroom (above ordinarily available) | Review/ Outcome |
|  |  |  |
| Provision/ resources (Different from and additional to Ordinarily Available) | Delivered by (if applicable–TA, CT) | Session length *(if applicable)*  | Group size (no. of CYP - if applicable) | Frequency per week *(if applicable)* | Duration of intervention *(in weeks)* | Associated cost (*per year)* | Review/ Outcome |
|  |  |  |  |  |  |  |  |
| Need | Additional strategies needed within the classroom (ordinarily available) | Review/ Outcome |
|  |  |  |
| Provision/ resources(Different from and additional to Ordinarily Available) | Delivered by (if applicable–TA, CT) | Session length *(if applicable)*  | Group size (no. of CYP - if applicable) | Frequency per week *(if applicable)* | Duration of intervention *(in weeks)* | Associated cost (*per year)* | Review/ Outcome |
|  |  |  |  |  |  |  |  |
|  | TOTAL COST |  |  |

|  |
| --- |
| Impact of the provision and interventions (detailed in provison map) that are in place for CYP, what works well and what isn’t working. |
|  |
| Does the provision/ support arrangements in place enable independent learning?  |   |
| If a change to the level of provision/support or placement is being recommended, please provide a detailed rationale below and append supporting evidence |
|  |

|  |
| --- |
| Personal Budget  |

|  |  |
| --- | --- |
| Is CYP currently in receipt of a SEND Personal Budget in order to meet any of his/her identified SEN? |   |
| Are there any amendments being requested for the current Personal Budget? |   |

Any Personal Budget already in place will need to be reviewed and if the parent/carer/YP wishes to request continutation of this they will need to submit the request to their SEND Case Officer (LA). Please use boxes below to record information about the review of the Personal Budget.

As set out under s14 of the 2014 Regulations, a local authority must stop making direct payments if, following a review, this:

a) is having an adverse impact on other services which the local authority provides or arranges for children and young people with an EHCP which the authority maintains; or

b) is no longer compatible with the authority’s efficient use of its resources.

|  |
| --- |
| Details of Current Personal Budget |
|  | Details (including needs and outcomes to be met) | Arrangements for Direct Payments | Progress and achievements for the personal budget (this is to be reviewed at the annual meeting) | Is the Personal budget still required |
| Education  |  |  |  |   |
| Health  |  |  |  |   |
| Social care  |  |  |  |   |

|  |
| --- |
| Key Stage Transfer  |

|  |
| --- |
| Complete for a transition year (Years -1, 1, 5, 10 or 13 and above) |
| Are all participants of the annual review aware of the KST process? |  | This process applies to all children who have an EHCP and are either starting school or approaching Key Stage Transfer (Year 2 in an infant school / Year 6). It does not apply to children who are in Year 2 but are attending an all-through primary school, as this is not considered a natural transition point. Any changes required to the EHCP and placement for a Year 2 child in a primary school should be requested as normal via the Annual Review process. |
| Options discussed (schools, colleges, social care settings, supported living, apprenticeships, supported internships): |  |
| POST 16 ONLY: Is CYP and their parent/carer/advocate aware of their responsibilities in relation to applying for a Post 16 placement? |  | For CYP moving from school to college/Post 16 provision they are responsible for applying directly and securing a placement. Please see guidance available on the Local Offer. This may include completing an application form and having an interview. The LA will also approach the setting to establish whether they can meet the CYP’s needs. |
| CYP views and/or preferences for their KST |  |
| Parent/Carer views and/or preferences for KST |  |
| Is there a request for the CYP to be considered for specialist provision? Specialist placements are allocated in November for -1, junior, secondary, and post-16 pupils.  |  |
| Please detail and append any relevant professional advice to support this request  |  |
| School views on KST placement preferences |  |

|  |
| --- |
| Summary of meeting / minutes |

|  |
| --- |
| Use this section to record any elements of the review meeting discussion which are not covered by the areas above. You do not need to include verbatim minutes but please detail anything important here, including actions. |
|  |

|  |
| --- |
| Recommendations of review meeting |

|  |  |
| --- | --- |
| Do the current needs in the EHCP (section B in the plan) remain accurate? Please append any relevant reports and provide details in the Special education needs section B box in this document. |   |
| Do the current outcomes in the EHCP (section E in the plan) remain accurate? Please append any relevant reports and provide details in the Outcomes section E box in this document. |   |
| Is a statutory plan still required? If the CYP’s needs can be supported through core arrangements, or if they are leaving formal education, then a statutory plan will no longer be needed and ceasing arrangements will be applied.  |   |
| Does the current provision in the EHCP (section F in the plan) remain accurate? Please append any relevant reports and provide details in the Special education needs section F box in this document. |   |
| Do the current health needs in the EHCP (section C in the plan) remain accurate? Please append any relevant reports and provide details in the health needs section C box in this document. |   |
| Does the current health provision in the EHCP (section G in the plan) remain accurate? Please append any relevant reports and provide details in the health provision section G box in this document. |   |
| Does the current social care need in the EHCP (section D in the plan) remain accurate? Please append any relevant reports and provide details in the social care need section D box in this document. |   |
| Does the current social care provision in the EHCP (section H in the plan) remain accurate? Please append any relevant reports and provide details in the social care provision section H box in this document. |   |
| Does the level of provision/ support remain accurate? Please append any relevant reports and provide details in the provision map box in this document.  |  |
| Personal Budget  |
| Is a NEW Personal Budget being requested for the coming year as part of this review? If yes, please attach a copy of the personal budget being requested. (Please refer to Personal Budget guidance on the SEND Local Offer and provide further detail below) |   |
| Is the current Personal budget still required? If yes, please attach a copy of the personal budget renewal request with evidence of the impact and rationale for continuation. |   |
| **Current travel assistance arrangements** (if applicable): |
| Where appropriate, independent travel training opportunities should be considered\*. Surrey’s school transport policy is available here: [www.surreycc.gov.uk/sendtravelassistancepolicy](file:///C%3A%5CUsers%5CNessak%5CAppData%5CRoaming%5CMicrosoft%5CWord%5Cwww.surreycc.gov.uk%5Csendtravelassistancepolicy) |
| Does the young person currently receive travel assistance? |  | Type of travel assistance (i.e. travel allowance, taxi, minibus): |  |
| If Surrey Transport is required for a young person or amendments to current transport arrangements are needed, please contact the Surrey Travel Assistance team to discuss this further. The travel assistance team can be contacted via telephone on 0300 200 1004 or via their website [Contact us about school transport - Surrey County Council (surreycc.gov.uk)](https://www.surreycc.gov.uk/schools-and-learning/schools/transport/contact-us) |

|  |
| --- |
| Review sign off |

|  |  |
| --- | --- |
| Report completed by (name in capitals): |  |
| Designation (e.g. Headteacher/SENCo): |  |
| Signed |  |
| Date: |  |

**Actions following the review:**

Please send this review form along with any accompanying reports/representations by secure email to the SEN office which administers this EHCP (details below). If a maintained mainstream school/centre, this will be the school’s local SEN office. If a non-maintained/independent school or a special school, it will be the area for the child/young person’s home address. If possible, please send the documents via secure email. For advice on sending secure email please contact your local SEND area team.

|  |  |  |  |
| --- | --- | --- | --- |
| **North-West** **SEN Team 0-25** | **South-West** **SEN Team 0-25** | **North-East** **SEN Team 0-25** | **South-East** **SEN Teams 0-25** |
| *NWSEN@surreycc.gov.uk* | *SWSEN@surreycc.gov.uk* | *NESEN@surreycc.gov.uk* | *molevalley.sesend@surreycc.gov.uk**reigatebanstead.sesend@surreycc.gov.uk**tandridge.sesend@surreycc.gov.uk* |
| Quadrant Court35 Guildford RoadWokingGU22 7QQ | Dakota11 De Havilland DriveWeybridgeKT13 0YP | Woodhatch Place11 Cockshot HillReigateRH2 8EF |
| Woking, Surrey Heath, Runnymede | Guildford, Waverley | Epsom and Ewell, Elmbridge , Spelthorne | Reigate and Banstead, Tandridge, Mole Valley |