This form should be completed as part of the EHC annual review. The information you have provided within this form will be attached as an appendix and made available to the child/young person, parents/carers and contributing professionals.

The purpose of the annual review is to:

* Monitor progress towards achieving outcome(s).
* Consider whether changes are needed in – provision or outcome(s).

|  |  |
| --- | --- |
| Name of service |  |

|  |  |
| --- | --- |
| Child/young person’s name |  |
| Date of birth |  |
| NHS Number |  |

|  |
| --- |
| MEDICAL HISTORY |
| Diagnoses | Date of diagnosis |
|  |  |
|  |  |

|  |
| --- |
| SECTIONS C, E AND G |
| XXX’s health strengths, needs, outcomes and provision |
| Describe the CYP’s Progress against the target(s) identified by the service over the last 12mths |  |
| Strengths |  |
| Health needs |  |
| Long term outcomes |  |
| Targets for the next 12 months |  |
| What provision will be put in place from the service to support targets/medium term outcomes over the next 12mths |  |
| What provision/support from setting will be needed (including equipment) to meet these outcomes over the next 12mths? |  |

|  |  |
| --- | --- |
| Does the CYP have a personal health budget? | Yes [ ] No [ ]  |
| If the CYP has continuing health care needs, has the CHC review information been shared with the school/setting? | Yes [ ] No [ ]  |
| For LAC does the school have access to the personal education plan (PEP) and the health assessment of the Care Plan? | Yes [ ] No [ ]  |
| From pupils in Year 9 with LD, has an Annual LD health check been undertaken by their GP surgery and has this been shared with school/setting? | Yes [ ] No [ ]  |
| For pupils in Year 9 and above, has the CYP/family been informed about the plans to transition to adulthood health services or how health needs will be supported post 18yrs | Yes [ ] No [ ]  |

|  |
| --- |
| Copies of this report have been issued to: |
|  |  |
|  |  |
| This report is based on the following sources of information |
|  |  |
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|  |  |
| --- | --- |
| Name of the professional completing this report |  |
| Signature |  |
| Title |  |
| Date |  |