

My name is

I like to be known as

This is the annual review of my education, health, and social care (EHC) plan



About this review

|  |  |
| --- | --- |
| Child / young person name |  |
| Current address |  |
| Age at review |  |
| Current school or educational setting |  |
| Year group |  |
| Date pre-panel paperwork sent out |  |
| Date of review meeting |  |
| How was the review held? | [ ]  Meeting at the educational setting, [ ]  Meeting held elsewhere, [ ]  Video call, [ ]  Telephone |

Provide details of the contributors to the annual review meeting (add more rows as required):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Role or relationship to child/young person | Attended | Apologies received? | Report received? |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Preparation for Adulthood - for students in years 9 and above**

From Year 9 (at the latest), the annual review should have a clear focus on the four life domains that are widely used to think about planning for an adult life in the community. To ensure that all young people and their families are given the information they need, are being signposted to relevant sources of support and guidance and are enabled to plan for a positive transition to adulthood, the following areas should be discussed and reviewed during the annual review meeting:

**Employability**

|  |  |  |
| --- | --- | --- |
| Area for discussion  |  | Actions required and timescales  |
| Has the young person received any careers information, advice and guidance in the last year? | [ ]  Yes [ ]  No |  |
| In the last year, have work tasters and /or work placements been offered in line with the interests and skills identified in the vocational profile? What was the outcome of these? | [ ]  Yes [ ]  No |  |
| Is the curriculum supporting the development of skills that the young person will need in the workplace? | [ ]  Yes [ ]  No |  |
| Does the young person have a view of what post-16/19 education they would like to access? | [ ]  Yes [ ]  No |  |

**Independent living**

|  |  |  |
| --- | --- | --- |
| **Area for discussion**  |  | **Actions required and timescales**  |
| Has the young person been asked about where they want to live in future and with whom? | [ ]  Yes [ ]  No |  |
| Do the parent carers have a view on what should ideally happen and by what age? E.g. what are the parents’ or foster carers’ expectations for the young person post 18? | [ ]  Yes [ ]  No |  |
| Have the family and young person been signposted to support around housing? | [ ]  Yes [ ]  No |  |
| Is the young person learning skills at school and at home that will help with living independently at home? | [ ]  Yes [ ]  No |  |

**Community Inclusion**

|  |  |  |
| --- | --- | --- |
| **Area for discussion**  |  | **Actions required and timescales**  |
| Does the young person have a circle of friends inside and outside of school/college? | [ ]  Yes [ ]  No |  |
| Is it clear what is being done to support the young person’s friendships inside and outside of school/college? | [ ]  Yes [ ]  No |  |
| Have options for more community activities been explored and followed up? | [ ]  Yes [ ]  No |  |
| Are there any ways that the young person can contribute to their community and become better known? E.g. volunteering opportunities | [ ]  Yes [ ]  No |  |

**Health**

|  |  |  |
| --- | --- | --- |
| **Area for discussion**  |  | **Actions required and timescales**  |
| Is the young person registered with a local GP? | [ ]  Yes [ ]  No |  |
| If appropriate, is s/he on all age learning disability register at the GP surgery? If yes, are the family aware of the benefits of an annual health check from age 14 and has this taken place?<https://www.derbyshirehealthcareft.nhs.uk/services/learning-disabilities/annual-health-check>  | [ ]  Yes [ ]  No |  |

**General**

|  |  |  |
| --- | --- | --- |
| **Area for discussion**  |  | **Actions required and timescales**  |
| Is the family/young person familiar with the local offer? | [ ]  Yes [ ]  No |  |
| Have parents been reminded about the need to assume that their son or daughter has capacity unless proven otherwise? | [ ]  Yes [ ]  No |  |

**Is a referral to the Adult Social Care Transitions Team (SEND) required?**

When a young person is approaching adulthood (18 years old) the responsibility for their social care will transfer from children’s services to adult health and social care services.

For more information around eligibility and referrals:

<https://www.derby.gov.uk/health-and-social-care/your-life-your-choice/>

<https://www.derby.gov.uk/education-and-learning/derbys-send-local-offer/becoming-an-adult-and-preparing-for-the-future/>

**Independent Advice and Guidance**

Young people should be helped to understand their options for the future by their school or college. Schools have a duty to secure independent careers advice and guidance for all students, so they are inspired and motivated to fulfil their potential. Schools should help every pupil develop high aspirations and consider a broad and ambitious range of careers.

Further details of the statutory duty on schools to provide careers guidance can be found here: [www.gov.uk/government/publications/careers-guidance-provision-for-young-people-in-schools](http://www.gov.uk/government/publications/careers-guidance-provision-for-young-people-in-schools)

**Reviewing the content of the EHC plan**

Please provide details of any changes required to the plan. If the information in the plan does not need changing please mark the relevant box with ‘NO CHANGE’. Where a change to the current plan is needed please clearly identify whether information needs adding, changing, or removing.

# Review of views, interests, and aspirations

|  |
| --- |
| My story |
| Things I’m good at: |
| Things I like, things I don’t like and things I would like to try: |
| Things that other people like about me: |
| Things I like about myself: |
| What’s working well, what’s not working so well and what I would like to change: |
| My hopes and dreams for the future: |
| How I want my voice to be heard: |
| How were these views captured? |
| [ ] Directly from the young person, [ ] Through a parent or carer, [ ] Through an advocate/professional, [ ] Other |

|  |
| --- |
| My family story, including our views, interests, and aspirations |
|  |

|  |
| --- |
| The important people in my life (family, friends, favourite people, even pets) |
|  |

# (B) Review of strengths and special educational needs

|  |  |
| --- | --- |
| Is there a significant change to the needs of the child or young person since the plan was last issued? | [ ]  Yes, [ ]  No, |

|  |
| --- |
| Identify any changes to the special educational needs of the child or young person. Clearly identify the information in the current plan that needs to be removed or amended. Clearly state any new strengths or needs that need to be added to the plan. If the strengths or needs remain the same, please state ‘NO CHANGE’ in the relevant section. |
| Communication and interaction | Strengths:Special Educational Needs: |
| Cognition and learning  | Strengths:Special Educational Needs: |
| Social, emotional and mental health | Strengths: Special Educational Needs: |
| Sensory and/or physical | Strengths:Special Educational Needs: |
| Independence | Strengths:Special Educational Needs: |

(C) Review of health needs

|  |  |
| --- | --- |
| Is there a significant change to the health needs of the child or young person since the plan was last issued? | [ ]  Yes, [ ]  No, |

Clearly identify the information in the current plan that needs to be removed or amended. State any new strengths or needs that should be added to the plan. If the strengths or needs remain the same, please state ‘NO CHANGE’ in the relevant section.

|  |
| --- |
|  Health needs that have been identified in the EHC assessment (in priority order, where possible) |
|  |
| Details of any current health care plans in place and/or diagnoses given that might impact on progress |
|  |

# (D) Review of social care needs

|  |  |
| --- | --- |
| Is there a significant change to the social care needs of the child or young person since the plan was last issued? | [ ]  Yes, [ ]  No, |

Clearly identify the information in the current plan that needs to be removed or amended. State any new strengths or needs that should be added to the plan. If the strengths or needs remain the same, please state ‘NO CHANGE’ in the relevant section.

|  |
| --- |
| Social care needs that have been identified in the EHC assessment (in priority order, where possible) |
|  |
| Details of any current social care plans or orders in place |
|  |

# (E) Review of outcomes and provision

Summary of current outcomes. Provide details of the progress made against these outcomes

|  |  |  |
| --- | --- | --- |
|  | Outcome (copy from plan) | Status of outcome |
|  |  | [ ]  Not yet met, [ ]  Partially met – progress made, [ ]  Achieved, [ ]  No longer relevant, |
|  |  | [ ]  Not yet met, [ ]  Partially met – progress made, [ ]  Achieved, [ ]  No longer relevant, |
|  |  | [ ]  Not yet met, [ ]  Partially met – progress made, [ ]  Achieved, [ ]  No longer relevant, |
|  |  | [ ]  Not yet met, [ ]  Partially met – progress made, [ ]  Achieved, [ ]  No longer relevant, |
|  |  | [ ]  Not yet met, [ ]  Partially met – progress made, [ ]  Achieved, [ ]  No longer relevant, |

Provide an update to the existing outcomes. If the existing outcomes do not need changing please mark the relevant box with ‘NO CHANGE’. Where a change to the current plan is needed please clearly identify which information needs adding, changing, or removing.

Ensure that you set new short-term targets for the next 12 months

# Review of outcome and provision E1

|  |  |
| --- | --- |
| Outcome to be achieved by the end of the current Key Stage/phase |  |
| New targets for the next 12 months |  |
| (F) Special Educational Provision | Amendments to the provision set out in the plan | Who by |
|  |  |

# Review of outcome and provision E2

|  |  |
| --- | --- |
| Outcome to be achieved by the end of the current Key Stage/phase |  |
| New targets for the next 12 months |  |
| (F) Special Educational Provision | Amendments to the provision set out in the plan | Who by |
|  |  |

# Review of outcome and provision E3

|  |  |
| --- | --- |
| (E3) Outcome to be achieved by the end of the current Key Stage/phase |  |
| New targets for the next 12 months |  |
| (F) Special Educational Provision | Amendments to the provision set out in the plan | Who by |
|  |  |

# Review of outcome and provision E4

|  |  |
| --- | --- |
| (E4) Outcome to be achieved by the end of the current Key Stage/phase |  |
| New targets for the next 12 months |  |
| (F) Special Educational Provision | Amendments to the provision set out in the plan | Who by |
|  |  |

# Review of outcome and provision E5

|  |  |
| --- | --- |
| (E5) Outcome to be achieved by the end of the current Key Stage/phase |  |
| New targets for the next 12 months |  |
| (F) Special Educational Provision | Amendments to the provision set out in the plan | Who by |
|  |  |

# New outcome and provision

Provide a summary of any proposed new outcomes agreed at the review. Add more rows if required. Clearly state ‘NONE’ if no new outcomes should be added to the plan:

|  |  |
| --- | --- |
| Outcome to be achieved by the end of the current Key Stage/phase |  |
| Over the next 12 months |  |
| (F) Special Educational Provision |  | Who by |
|  |  |

(I) Placement details

Provide details of the parental or young person preference for placement in the next phase of education. Add more rows if the parent or young person states more than 3 preferences

|  |  |
| --- | --- |
| Is the current education placement still able to meet the needs of the child/young person | [ ]  Yes, [ ]  No |
| If no -Type of provision preferred | [ ]  Mainstream, [ ]  Enhanced resource, [ ]  Special school,[ ]  Other (please state) |
| If no – name of parental preference school or setting |  |

(J) Personal budget – Including arrangements for direct payments

|  |  |
| --- | --- |
| Is a personal budget in place? | [ ]  Yes, [ ]  No |
| Provide details of any changes needed to the personal budget: |

# Key findings of the review

|  |  |
| --- | --- |
| Is an EHCP still needed? | [ ]  Yes, [ ]  No |
| Does the existing EHCP need to be updated following this review? | [ ]  Yes, [ ]  No |
| Provide a summary of the discussion and the key findings from the review. This should capture any agreed actions from the review, and highlight anything that may prevent outcomes from being met: |
| Has a Derby Inclusion Tool (DIT) been completed? | [ ]  Yes |
| If yes – please attach with this paperwork |

|  |
| --- |
| Signatures |
|  | School representative nameRole |
|  | NameParent/carer/young person |

|  |  |
| --- | --- |
|  | Please send this completed form along with any accompanying reports to **EHCP.Review@derby.gov.uk**, within 2 weeks of the date of the meeting |