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| **Key information for all parties**   * Southwark LA will amend the majority of EHCPs in these year groups: Nursery, Y5, Y10, Y13, Y14 * Section 44 of the Children and Families Act 2014 stipulates that the first review must be held within 12 months of the date when the EHC plan was issued, and then within 12 months of any previous review (or every 6 months if the child is under five years old). * All reports must be submitted to the local authority and to all attendees at least TWO WEEKS before the review is held. The annual review must be submitted to the local authority and to the attendees within TWO WEEKS of the review meeting date. This is to ensure that the process is completed within the statutory timescales. * It is a requirement for therapists who provide in-school therapy (occupational therapy, speech and language therapy, physiotherapy) to provide a report in the advance of each annual review. This is costed as part of the funding provided in the EHCP. * Although the EHCP may not be amended following the review, it is a legal requirement that the review itself – and all accompanying reports – are included as part of the appendices and thus all new information is included in the EHCP as a whole. * A significant change in an Education, Health, and Care Plan (EHCP) typically refers to any substantial alteration in the child's or young person's needs or circumstances that would require a modification of the support and services outlined in the plan.   Here are some examples of what might constitute a significant change:   1. Change in Educational Needs: If there is a notable shift in the child's learning needs, such as a new diagnosis of a learning disability or a significant improvement or deterioration in academic performance, this would be considered a significant change. 2. Health Changes: Any major changes in the child's health status, such as the onset of a new medical condition, a significant change in an existing condition, or recovery from a condition that previously required support, would necessitate a review and potential amendment of the EHCP. 3. Social Care Needs: If there are substantial changes in the child's social care needs, such as a change in living arrangements, new safeguarding concerns, or the need for additional social care support, this would be a significant change. 4. Transition to a New Educational Setting: Moving from one educational setting to another, such as transitioning from primary to secondary school or from school to college, often requires significant adjustments to the EHCP to ensure the new setting can meet the child's needs. 5. Changes in Family Circumstances: Significant changes in the family situation, such as a move to a new area, changes in parental employment that affect the child's care, or other major family events, can also be considered significant changes.   These changes are typically identified during the annual review process but can be brought to the attention of the local authority at any time if they occur outside of the regular review cycle. The goal is to ensure that the EHCP remains relevant and effective in meeting the child's or young person's needs. |

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| Pre-Meeting Information  *(MUST be collated and shared with parents and professionals 2 weeks before the meeting)* | | | | | |
| My Personal Information | | | | | |
| *Insert a photograph or picture if wanted* | | | | | |
| **Child/Young person’s Name:** | | | **Date of Birth:** | | |
| **UPN:** | | | **Date Plan Started:** | | |
| **Date of this review:** | | | **Sent to LA on (date):**  *(setting to note on the day they email following meeting)* | | |
| **Child/Young person’s Address:**  ***Please fill out even if correct on EHCP*** | **Current Year Group:**  Choose Year Group | | **Current Setting:** | | |
| **Child/Young Person’s Primary Need:**  Choose an item. | **Is the Child/Young person educated in their National Curriculum year group?**  Yes or No | | | | |
| **Is the Child/Young Person supported by a social care practitioner?** | **Family Early Help:**  Yes or No | **Child in Need Plan**  Yes or No | | **Child Protection Plan?**  Yes or No | **Looked After Child?**  Yes or No  **If yes, which authority?** |
| ***Please highlight any information that has changed from that which is provided in the current Education, Health and Care Plan***  ***If there are no changes needed to ‘My Personal Information’ in the sections below, put ‘N/C in the boxes to the right*** | | | | | |
| **Changes to other information** *(religion, ethnicity, gender, preferred language)* |  | | | | |
| **Parent /Carer 1 Information**  *(Name, address, telephone, email)* |  | | | | |
| **Parent /Carer 2 Information**  *(Name, address, telephone, email)* |  | | | | |
| **Health Contact Information**  *(New GP)* |  | | | | |

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| SECTION A: What everybody needs to know about me | | | |
| What is important to me: | My preferred name is:  *(picture/photograph, if wanted)* | | What people like and admire and about me |
| Likes and dislikes  I like....  I dislike... | How best to support me | | People who are important to me |
| My hopes and dreams: | | | |
| Did anyone help me to fill out this form? If so, how did they help? | | | |
| Parent/Carer’s View | | | |
| What progress have you seen in the last 12 months? | |  | |
| What would you like your child/young person to be able to do in the next 12 months and/or in the long term? | |  | |
| How can other people support you and your child/young person? | |  | |
| Support ordinarily available to families | | | |
| SENDIASS information and local offer information (as below) was provided to the parent/carer (at least two weeks in advance of the meeting) | | Date: | |
| The Southwark Information Advice & Support Team (SIAS) can be consulted in advance for independent advice and support.  Telephone number 020 7525 3104. Email: [sias@southwark.gov.uk](mailto:sias@southwark.gov.uk) | | | |
| The local offer is a source of information, support and impartial advice for children/young people and their parents/carers: <https://localoffer.southwark.gov.uk/> | | | |
| Contact a Family provides information, advice, and support for families with disabled children, including connecting them with other families. Free National Helpline: 0808 808 3555 Email: [info@contact.org.uk](mailto:info@contact.org.uk) Website: <http://www.cafamily.org.uk/> | | | |
| Southwark Independent Voice (SIV) was created in 2019 by a group of Southwark parent volunteers of children/young people with SEND aged 0-25. They work to ensure that families of children and young people with Special Educational Needs and Disabilities (SEND) in Southwark are heard, supported, and empowered. <https://southwarkiv.co.uk/> | | | |

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| Progress Since the Last Review (or since EHCP was created)  *(to be completed by the person at the school/setting who has worked most closely with the child/young person over the last 12 months)* | | | |
| Completed by: |  | On: |  |
| Cognition and Learning | | | |
| What can Name of the child/young person do now that she/he could not do at the time of the last review? If there has been no progress, please explain the reason(s) why. | | | |
|  | | | |
| Any changes to Name of the child/young person’s special educational needs? | | | |
|  | | | |
| Communication and Interaction | | | |
| What can Name of the child/young person do now that she/he could not do at the time of the last review? If there has been no progress, please explain the reason(s) why. | | | |
|  | | | |
| Any changes to Name of the child/young person’s special educational needs? | | | |
|  | | | |
| Social, Emotional and Mental Health | | | |
| What can Name of the child/young person do now that she/he could not do at the time of the last review? If there has been no progress, please explain the reason(s) why. | | | |
|  | | | |
| Any changes to Name of the child/young person’s special educational needs? | | | |
|  | | | |
| Physical and Sensory | | | |
| What can Name of the child/young person do now that she/he could not do at the time of the last review? If there has been no progress, please explain the reason(s) why. | | | |
|  | | | |
| Any changes to Name of the child/young person’s special educational needs? | | | |
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| Health (SECTIONS C and G)  *(to be completed by linked Health Professional, if there is one)* | | |
| If there is no health package, put N/A and leave below boxes empty |  | |
| Have the child’s/young person’s health needs changed in the last year? | Yes | No |
| Current health package is: |  | |
| If the health needs have changed, please indicate how? | | |
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| Social Care (SECTIONS D and H) | |
| If there is no intervention provided by social care and the professionals and family reviewing the plan feel this continues to be appropriate, put N/A and leave below boxes empty |  |
| *(below to be completed by the allocated Social Care Practitioner, if there is one)* | |
| Current social care provision is: | **Section D:**  **Section H:** |
| If the social care needs/provision have changed, please indicate how? | |
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| Review of the Year: Attainment and Attendance | | | | | | |
| Attendance (including any Fixed Term Exclusions)  *(Explain any barriers to attendance and what support is being put in place to overcome these)* | | | | | | |
|  | | | | | | |
| Attainment  *(Please give details of pupil’s current level of functioning, progress and achievement across year groups.)* | | | | | | |
| *The 3/4 areas are chosen on age and stage of development – please write the area, then the level of attainment:* | | *EYFS/Cherry Garden branch maps:*  *CLL, MD, PD, PSED* | | | *KS1/2:*  *Reading, Writing, Maths, Science* | |
| *Explain school’s system of assessment (or provide key):* | | | | | | |
| **Last Year’s Attainment** | *Area 1:* | | *Area 2:* | *Area 3:* | | *Area 4:* |
| **Current Attainment** | *Area 1:* | | *Area 2:* | *Area 3:* | | *Area 4:* |
| Transport/Independent Travel Training | | | | | | |
| Does the child/young person receive SEND Transport? | | | Choose an item. | | | |
| Do the current transport arrangements remain appropriate? | | | Choose an item. | | | |
| Has there been any support towards independent travel? | | |  | | | |
| Is further support needed over the next year? What support should be considered? | | |  | | | |

END OF PRE-MEETING INFORMATION

MUST BE SHARED WITH PARENTS/CARERS AND ALL LINKED PROFESSIONALS AT LEAST TWO WEEKS BEFORE THE REVIEW MEETING

|  |  |  |  |
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| Annual Review Meeting  *(to be discussed in the meeting and fully shared within 2 weeks of the meeting)* | | | |
| **Invitations sent on (at least TWO WEEKS before the meeting)** | | **Date:** | |
| ***Ensure that ONLY those people who are directly linked to the child/young person are listed below and any irrelevant professionals are deleted, and any other key people added (e.g. if there is no social worker, please delete that row)*** | | | |
| **People Invited (Name)** | **Designation (*delete if N/A; add if needed*)** | **Attended?**  **(Y or N)** | **Report submitted? (Y or N)** |
|  | Parent/carer 1 |  |  |
|  | Parent/carer 2 |  |  |
|  | SENCo |  |  |
|  | CYP |  |  |
|  | LA EHCP coordinator |  |  |
|  | Speech and Language Therapist |  |  |
|  | Occupational Therapist |  |  |
|  | Social Worker |  |  |
|  | CAMHS |  |  |
|  | School Nurse |  |  |
|  | Virtual School |  |  |
|  | Educational Psychologist |  |  |
|  | Specialist Teacher |  |  |
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| Educational Setting’s Summary | | |
| What is going well?  What is not going well?  What needs to happen? | | |
| Other Professionals’ Summary  *(e.g. if no report submitted by Educational Psychologist, Education Service for Sensory Impairment, Speech and Language Therapist, Occupational Therapist etc. if they attend the meeting)* | | |
| What is going well?  What is not going well?  What needs to happen? | | |
| Professional Reports included as Appendix/ces | | |
| Name of Professional | Occupation | Date of Report |
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| Review of Outcomes in Current EHCP | | | | |
| Outcome (Copied from EHCP) | | | Level of Progress (choose from list)   1. No progress since last year 2. Making some progress towards outcome 3. On track to meet outcome 4. Will meet outcome early 5. Achieved and NR (No longer relevant) | Reason |
|  | | | Choose an item. |  |
|  | | | Choose an item. |  |
|  | | | Choose an item. |  |
|  | | | Choose an item. |  |
|  | | | Choose an item. |  |
|  | | | Choose an item. |  |
|  | | | Choose an item. |  |
|  | | | Choose an item. |  |
|  | | | Choose an item. |  |
| EHCP changes (if requested) | | | | |
| **If there are no significant changes – and therefore it is recommended that the LA does not amend the EHCP following this annual review, please check this box.** *(There is then no need to complete the rest of Section 8).* | |  | | |
| **If you are completing this on the EHCP itself, please check this box.** *(Please note: this can ONLY be done if the EHCP is in the 2025 version)* | |  | | |
| *EHCPS are not expected to require frequent changes and updates. When they do need amending, there should be supporting evidence to inform any changes.*  • Recommendations for any amendments required to the EHC plan must be clear, quantifiable and based on the available evidence.  • Where there is any difference between the educational provider’s recommendations and those of others attending the Annual Review, please set this out in the box below.  If you would like to recommend changes, please specify in each box below sections to be deleted, amended or added (by cutting and pasting from the EHC plan – please request a Word version of the EHC plan if you do not have one). Please use the following key when proposing amendments:  • ~~strikethrough text~~ for deletions  • add new text in green. | | | | |
| Cognition and Learning | | | Communication and Interaction | |
| Section B | | | Section B | |
| Strengths | Needs | | Strengths | Needs |
| Social, Emotional and Mental Health | | | Physical and Sensory Needs | |
| Section B | | | Section B | |
| Strengths | Needs | | Strengths | Needs |
| Section F: Provision | | | | |
|  | | | | |
| Section E: Holistic SMART Outcomes (6-8 outcomes)  Specific, Measurable, Achievable, Relevant, Time-bound  *(Outcomes to be written in collaboration with all professionals delivering provision)* | | | | |
| *Using this format: By the end of \_\_\_\_\_\_ I will \_\_\_\_\_\_\_ so that\_\_\_\_\_\_\_* | | | | |
| Cognition and Learning: | | | | |
| Communication and Interaction: | | | | |
| Social, Emotional and Mental Health: | | | | |
| Physical and Sensory Needs: | | | | |
| The Annual Review report should reflect the views of everyone at the meeting. Please record in the box below any different views that any attendees have in relation to requested amendments to the EHCP | | | | |
|  | | | | |
| **NOTE:** If school/setting is requesting increased funding, the school/setting needs to attach a clear assess-plan-do-review document, demonstrating cycles of support over the year, as well as a costed provision map | | | | |

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| Summary | | |
| **Should the plan be maintained?**  Choose an item. | **Is a change of setting being requested?**  Choose an item. | |
| **PERSONAL BUDGET**  Has a personal budget been requested by the parents/carers or young person?  If yes, please specify the details of the request | | **Yes/No** |
|  | | Choose an item. |
| **Actions to take place following the annual review** | | **By Whom?** |
|  | |  |
| ***Local Authority Administration only:*** | | |
| ***In the case of direct actions for the local authority, the EHCP coordinator must contact parents/carers and the education setting within 2 weeks (unless the coordinator attended the review, in which case the parties will hear from the panel within 4 weeks).*** | | |
| **Record of Coordinator contact** | | **Date:** |
| **Actioned by:** | |  |
| **NOTE:**  Following the meeting, the LA will be seeking views form the young people and families directly, via the school, about their experience of the review meeting. This data will be used to improve the quality of annual review going forward. | | |