# Education, Health and care Plan (EHCP) Annual Review Meeting Form – Early Years

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| **Date of meeting** |  | |
| **First name** | **Surname** | **Preferred Name** |
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| **Parents/carers names** | | |
| **First name** | **Surname** | **Preferred Name** |
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| **Setting/School address** | **Home address (please check any changes to contact details)** | **Date of Birth:** |  |
|  |  | **Gender:** |  |
| **Date of the review:** |  |
| **My Year Group:** |  |
| **How has the child been involved in this review? (Discussion, observations, Visual Aids)** | | | |

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| **People involved in the child’s life and who have been invited to the annual review?** | | | | | |
| **Name** | **Role** | **Present**  **Y/N** | **Did they send a report/contribution?**  **Y/N** | If helpful, write in here the key things they said in the meeting or through their report? | **Is the report attached?**  **Y/N** |
|  |  |  | Parent/carers contribution |  |  |
|  |  |  | School/setting Report |  |  |
|  |  |  | Professional’s Report |  |  |

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| **What progress has the child made in their learning and development over the previous months?** | | | | |
|  | **Last year’s assessment** | **This year’s assessment** | **What sort of assessment was this and who did it?** | **Comments**  **(Please make it clear where achievement is made independently or with support)** |
| Early Years Foundation Stage Profile (EYFSP) |  |  |  |  |
| **Prime Areas** | | | | |
| Personal, social and emotional Development |  |  |  |  |
| Physical Development |  |  |  |  |
| Communication and Language |  |  |  |  |
| **Specific Areas** | | | | |
| Literacy |  |  |  |  |
| Mathematics |  |  |  |  |
| Understanding of the World |  |  |  |  |
| Expressive Arts and Design |  |  |  |  |

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| **What progress has been made toward the child’s outcomes in the EHC Plan?**  **As identified in Section E**  **(This section should also take account of the assess, plan, do review cycle)** | | | | | | | | |
| **What were the outcomes recorded in the EHC Plan?**  **(Please list all outcomes from the EHC plan)** | **What progress has been made towards each outcome?** | | **What support was provided to achieve this and by whom?** | | **What difference did the support make?** | | | **Are we on target to meet the outcomes or is progress being made towards meeting them?** |
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| **Are there any other outcomes or good things that have happened that we should talk about?** | | | | | | | | |
| **Overall, how does the child and everyone feel the previous months have gone? (This can include what has happened in school/setting, at home, relationships/friendships, independence)** | | | | | | Image result for smiley faceGood |  | |
| Image result for smiley face Difficult |  | |
| http://www.clker.com/cliparts/a/9/d/8/11971497752084952184azieser_Smiley_-_Yellow_and_Black.svg.hi.pngOK |  | |
| **Personal Budgets** | | | | | | | | |
| **If applicable please comment on, what has been the impact of any existing Personal Budget on meeting the outcomes on the Education Health and Care plan?** | | | | | | | | |
| **Thinking about the future**  ***From the earliest point with high aspirations and the right support, the vast majority of children can go on to achieve successful long-term outcomes in adult life.*** | | | | | | | | |
| **Characteristics of Learning** | | | | **Observations and comments** | | | | |
| 1. **Special Interests** – what is the child interested in, what do they like to do | | | |  | | | | |
| 1. **Developing Independence** – how to make the child as independent as possible, including making their own choices | | | |  | | | | |
| 1. **Community Inclusion and Relationships** – making friends, joining in activities within the community | | | |  | | | | |
| 1. **Understanding Healthy Living** – eating healthy snacks and being physically active | | | |  | | | | |
| 1. Other: | | | |  | | | | |
| **What are the priorities for the coming year (needs and support requirements)?**  (These can be existing goals not yet achieved. There may also be new needs identified or changes to needs which should be documented and evidenced) | | | | | | | | |
| **List the priorities that will be worked on this year** | | **What are the targets to support progress towards these?** | | **What help is needed to achieve them?** | | | | |
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| **Summary including any recommended changes to the EHC Plan** | | | | |
| **Please sign/initial and fill in the appropriate box – 1, 2 or 3 to clearly identify the outcome of the review** | Parent/Carer | School/Setting | Professional | Is there anything, not listed above, that is needed to be addressed to support the child? |
| 1. **Maintain** - The EHC Plan is still appropriate and can remain unchanged |  |  |  |  |
| 1. **Amend** - The EHC Plan needs amending because of significant changes. e.g. a new diagnosis or outcomes/support has changed   *N.B. a new diagnosis alone does not constitute a significant change. Plans cannot be amended without supporting evidence and a clearly annotated EHC plan.* |  |  |  |  |
| 1. **Cease to maintain** - The EHC Plan can be ceased because needs can be met within SEN Support |  |  |  |  |
| **Health Care Needs** *(Only complete if appropriate)* |  |  |  |  |
| Any amendments to the intimate care, health care or manual handling plans, if required |  |  |  |  |
| **Social Care Needs** *(Only complete if appropriate)* |  |  |  |  |
| Does the family have social care support, record discussion points and note any amendments on the EHC plan, as required |  |  |  |  |

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| **Is there further action required or additional comments?** (Please write/paste any notes made in the meeting here) |

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| **Phase Transfer/Transition Arrangements**  **(Only complete if the child is due to transfer to another educational setting)** |
| **Please outline any phase transfer/transition plans, including actions and timescales, for transfer to a new educational setting. This will be useful for children who are moving from early years to Primary.** |
| **Please add additional comments as needed.** |

**The school/setting must send this form to the SEND Team no later than ten school days after the review meeting or by the end of the academic term whichever is the earliest. This signed and dated form must be sent with:**

* a copy of all the written advice received (e.g. parent/carer, educational setting and other agency reports)
* a copy of the child’s contribution e.g. the child’s one-page profile
* annotated Education Health and Care plan, if amendments are requested for consideration

**This form must also be circulated to the child and their parent(s)/carer(s) and anyone who contributed to the meeting in writing or in person.**

**Signed**: ………………………………………………… **Date**: …………………………………...

**Head teacher/Setting Manager/SENCO**

**Data Protection Act**. This information is being collected for the purpose of determining the educational needs of the named pupil but may also be shared with other relevant professionals such as teachers, health and social workers etc. to inform their work. The information collected may also be used for the wider purpose of providing statistical data used to assist with monitoring provision and/or determining areas of need in order to target future resources. For further information please contact the SEND team

**Please return to your local area SEND Team:**

EMAIL via Encrypted Email (Egress): [Inclusion.AandC@cumberland.gov.uk](mailto:Inclusion.AandC@cumberland.gov.uk) or [ice@cumberland.gov.uk](mailto:ice@cumberland.gov.uk)

Information can also be returned via the portal.