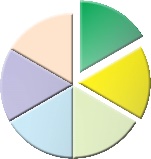
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**Summary of Annual Review Meeting of an Education Health and Care Plan (EHCP) / Statement of SEN**

**To be completed by the school and sent to the Local Authority, parents/carers and practitioners within 10 working days of the Annual Review meeting**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of child/young person** |  | **Is the child/young person Looked After?** | **YES / NO** |
| **Date of Birth** |  | **Is the child/young person eligible for Pupil Premium?** | **YES / NO** |
| **National Curriculum Year** |  | **Is the child/young person part of a Forces family?** | **YES / NO** |
| **Name of School/Education Provider** |  | | |
| **Date and time of Annual Review** |  | | |
| **How were the views of parents and carers obtained?** |  | | |
| **How were the views of the child/young person obtained?** |  | | |
| **Who attended the Annual Review and what is their role?**  **Please also detail those invited who were unable to attend the review.** |  | | |



**Celebrating Success and Planning the Future**

This section should reflect all views discussed at the Annual Review meeting, including any differences of opinion

|  |  |
| --- | --- |
| **What has gone well?** | **What could have gone better?** |
|  |  |

**Progress towards Outcomes (please delete rows as necessary)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Education, Health and Care Plan Outcomes or Statement Objectives** | **Progress towards outcome** | **Are any changes to this outcome suggested or new outcomes recommended? (New outcomes and amendments are not required every year)** | **If amendments or new outcomes are suggested, please outline proposed amendments to provision here** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

**Actions from the meeting**

|  |  |  |
| --- | --- | --- |
| **Action** | **Who?** | **By when?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Please tick yes or no:**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| **Have any significant new needs been identified?** |  |  |
| **Are any amendments to the EHCP or Statement recommended?** |  |  |
| **Is a change of placement recommended?** |  |  |
| **Are any changes to provision requested?** |  |  |
| **Should the LA continue to maintain the EHCP or Statement?** |  |  |
| **Are parent /carer addresses and contact details on the EHCP/Statement correct?** |  |  |
| **Please provide a parent/carer email address:** |  | |

**PLEASE ENCLOSE AN ANNOTATED COPY OF THE EHC PLAN/STATEMENT CLEARLY SHOWING WHERE ANY CHANGES ARE BEING REQUESTED.**

*All changes proposed to an EHCP/Statement should be suggested in partnership with the child young person, the family, the education provider and other relevant practitioners. The signatures below confirm the accuracy of the Annual Review summary and indicate agreement with any proposed changes to the EHCP/Statement, and that this summary document and annotated EHCP/Statement has been discussed with parents/carers and the young person where appropriate.*

|  |  |
| --- | --- |
| Name and signature of person completing this form |  |
| Signature of Head Teacher/Principal |  |
| Date |  |
| Copied to |  |

**Please ensure that the following documents are included with this summary report if not already provided with the school’s pre-review report:**

|  |  |
| --- | --- |
| Copies of Support and Achievement Plans |  |
| Updated professional reports from the past year |  |
| Provision Map showing how funding is used |  |
| Copies of school reports and progress tracking |  |
| Views of the child/young person and parent/carer |  |