

***For SCC Use Only: Review Outcome Maintain; Amend; Reassess; Cease***

 Please insert photo of child/young person (optional)

**Education, Health and Care Plan (EHCP)**

**Review Report**

**An EHCP must be reviewed at least annually. This report should be written after the review meeting to share the recommendations from the meeting back to the Local Authority (LA), to support the LA’s decision-making process.**

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| **Child/Young Person’s Name**  |  | **DOB** |  |
| **Education Setting** |  |
| **National Curriculum Year (NCY)** |  | **UPN** (if applicable) |  |
| **High Needs Funding Band** |  | **NHS No.** |  |

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| Date current Education, Health and Care Plan (EHCP) finalised: |  |
| Date of last review meeting (if known): |  |
| Date of this review meeting: |  |
| Is the meeting: * Within 12 months of the previous EHCP Review meeting or 6 months for children under 5 years of age, or
* Within 11 months of a new EHCP being issued, or 5 months for children under 5 years of age?
 | Yes [ ]  No [ ]  Not known [ ] Yes [ ]  No [ ]  Not known [ ]  |
| If no, please give reason for delay:Absence of child/young person [ ]  Absence of parent/carer(s) [ ] Absence of other key people [ ]  Other (‘Casework reasons’) [ ]  |
| If this review is earlier than a scheduled annual review, please indicate why. E.g. possible new needs, change of circumstances, suspension or exclusion, risk of exclusion, phase transfer. | Possible new needs [ ]  Change of circumstances [ ]  Suspension [ ]  Exclusion [ ]  Risk of exclusion [ ]  Phase transfer [ ]  Other (please detail below): [ ]       |

**Who was invited to the meeting / contributed to the EHCP Review?** The following people **must** be invited:

* Child / Young Person
* Parent(s) / Carer(s)
* Provider of the relevant education
* Health care professional
* Local Authority officer (Education / SEND)
* Local Authority officer (Social Care)

 They may or may not attend. Other relevant professionals/practitioners should also be invited.

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| **Name** | **Role/ Service/ Team** | **Contact Details** | **Date invited** | **Did they attend?** | **Did they submit a report?**(please attach) | **Date their report circulated to others** |
|  | Child/ Young Person |  |  |  |  |  |
|  | Parent(s) / Carer(s) |  |  |  |  |  |
|  | Provider of the relevant education |  |  |  |  |  |
|  | Health care professional |  |  |  |  |  |
|  | Local Authority officer (Education/ SEND) |  |  |  |  |  |
|  | Local Authority officer (Social Care) |  |  |  |  |  |
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| **Please tell us about any changes to the child/young person’s or parent/carer’s personal information or contact details:** |
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| **Has the child/young person moved educational settings since the last EHCP Review?**  | Yes [ ]  No [ ]  |
| **If yes, provide details of previous setting and move date:** |  |

**Learning Disability Annual Health Check**

14+ Annual (yearly) Learning Disability Health Checks are for anyone aged 14 or over with a learning disability, who are on the GP Practice learning disability register.

The Department of Health defines a learning disability as *‘a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired functioning), which started before adulthood’*. It is reduced intellectual ability and difficulty with everyday activities, which affects someone for the whole of their life.

A learning disability (e.g. Down’s Syndrome) is different to a learning *difficulty (e.g. dyslexia)*, which can affect someone’s access to learning and impacts how they learn, but does not affect their intellectual ability. Similarly, neurodivergence (e.g. autism) is a term used to describe difference in thinking style, not affecting intellectual ability. However, an individual can have a learning disability *and* a learning difficulty / be neurodiverse at the same time.

More information can be found on the Suffolk [Local Offer](https://www.suffolklocaloffer.org.uk/preparing-for-adulthood/health-into-adulthood/nhs-annual-health-checks) and Norfolk NHS web pages [14+ Yearly Learning Disability Health Check (justonenorfolk.nhs.uk)](https://www.justonenorfolk.nhs.uk/child-development-additional-needs/additional-needs/14plus-health-check/).

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| **Using the above definition, does this child/young person have a Learning Disability?** | Yes [ ]  No [ ]  Not Sure [ ]  |
| **If yes and they are 14+ years, have they had an Annual Health Check in the last 12 months, or is one scheduled?** | Yes [ ]  No [ ]  Not Sure [ ]  |
| If parent/carers or the young person are unsure if they are on the learning disability register, or if they are but the Annual Health Check has not taken place / one is not scheduled, they should contact their GP or Paediatrician. |

**Person-Centred Planning**

Reviews **must** be undertaken in partnership with the child and their parent or the young person, and **must** take account of their views, wishes and feelings. *(SEND Code of Practice, 9.168)*

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| **How was the child/young person involved in their EHCP Review?**Please indicate which of the below apply. You can select more than one option if applicable. |
| Attended part/ all of the meeting [ ]  Talked to teacher/ TA/ SENCO [ ]  Completed views form [ ]  Completed one page profile [ ]  Completed Preparing for Adulthood Plan [ ]  Mini PATH ([Psychology and Therapeutic Services Keys to Inclusion - Suffolk County Council](https://www.suffolk.gov.uk/children-families-and-learning/pts/psychology-and-therapeutic-services-keys-to-inclusion), [mini-path-training (suffolk.gov.uk)](https://www.suffolk.gov.uk/asset-library/imported/mini-path-training.pdf), [mini-path-training-flyer (suffolk.gov.uk)](https://www.suffolk.gov.uk/asset-library/mini-path-training-flyer.pdf)) [ ]  Other (please detail below) [ ]   |

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| **What support was provided to the child/young person to help them take part in their EHCP Review?** Please indicate which of the below apply. You can select more than one option if applicable.[SENDIASS](https://suffolksendiass.co.uk/) provides impartial information, advice and support for children, young people and their families. |
| Accessible information (e.g. [SENDIASS Annual review of your education, health and care plan - easy read](https://suffolksendiass.co.uk/wp-content/uploads/2024/02/Annual-Review-of-your-Education-Health-and-Care-plan-easy-read.pdf)) [ ]  Time to prepare for the meeting [ ]  Support to help them express their views (from a family member or a professional) [ ]  An advocacy service [ ]  Other (please detail below) [ ]   |

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| **Are there any significant changes to the long-term hopes, dreams and ambitions for the child/young person?***(For Section A of EHCP)* |
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| **Please indicate if any other significant changes are required for Section A of the EHCP.** You can attach an annotated version of section A from the existing plan |
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| Please include an updated **One Page Profile** with this review paperwork capturing the following information about the child/young person:* What people like and admire about me (this should come from others)
* What is important to me now and in the future
* How best to support and communicate with me…
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| **Is the support provided by this EHCP helping the child/ young person make progress?**Please indicate using scaling from the perspective of the below*Please note that section is in further development and may be revised; please check the Local Offer for the latest form version.* |
| **Child/young person views:** | Yes, a lot [ ]  Yes, a little [ ]  No [ ]  Don’t know [ ]  No response [ ]  please record discussion around responses: |
| **Family views:** | Yes, a lot [ ]  Yes, a little [ ]  No [ ]  Don’t know [ ]  No response [ ]  please record discussion around responses: |
| **Education Setting views:** | Yes, a lot [ ]  Yes, a little [ ]  No [ ]  please record discussion around responses: |
| **Health / Therapies views:** | Yes, a lot [ ]  Yes, a little [ ]  No [ ]  Not involved [ ]  please record discussion around responses: |
| **Social Care views:** | Yes, a lot [ ]  Yes, a little [ ]  No [ ]  Not involved [ ]  please record discussion around responses: |
| **Other views:** | Yes, a lot [ ]  Yes, a little [ ]  No [ ]  Not involved [ ]  please record discussion around responses: |

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| **From the perspective of the below, what is working well?**(Some of this information may be captured in views forms and/or reports – please attach and reference) |
| **Child/young person views:** |  |
| **Family views:** |  |
| **Education Setting views:** |  |
| **Health / Therapies views:** |  |
| **Social Care views:** |  |
| **Other views:** |  |
| **From the perspective of the below, what is not working well? (If not captured elsewhere)**(Some of this information may be captured in views forms and/or reports – please attach and reference) |
| **Child/young person views:** |  |
| **Family views:** |  |
| **Education Setting views:** |  |
| **Health / Therapies views:** |  |
| **Social Care views:** |  |
| **Other views:** |  |

**Preparing for Adulthood**

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| **Is a completed Preparing for Adulthood plan (formerly the Moving Into Adulthood form) attached? Please note that this is mandatory for any young person in Year 9 and above.**  | Yes [ ]  No [ ]   |
| **If yes, who has helped to complete the Preparing for Adulthood plan?**Name and role, e.g. parent/carer, SENCO, teacher |  |
| **Date Preparing for Adulthood plan completed** |  |
| **Please confirm you have provided details of the Transitions Guide to the family and/or the young person.**<https://suffolklocaloffer.org.uk/asset-library/preparing-for-adulthood-transitions-guide.pdf>  | Yes [ ]  No [ ]   |

**Educational Progress & Attendance**

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| **For all children and young people, the most recent School Report must be submitted.****Please provide a summary of relevant key stage data with regards to learning and development:**Include any updates to attainment levels, assessments undertaken or any other progress tracking data. Attach any additional/supporting reports. Please indicate below which stage/s you are providing information on.**Please make reference to subjects/ areas of strength and those you are concerned about.** |
| EYFS [ ]  KS1 Data [ ]  KS2 Data [ ]  KS3 Data [ ]  KS4 Data [ ]  Post 16 Data [ ]  |
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| **What is the attendance rate for last 12 months?** |  |
| **Do you have any attendance concerns?****Please provide any additional detail about this if needed:** | Yes [ ]  No [ ]   |
| **Is the child/young person currently on a part-time timetable?** | Yes [ ]  No [ ]  N/A [ ]  |
| **If yes, what is the current offer? Please provide details of when and why this arrangement started and a copy of the plan for them to return to full time.***Follow this link for the Suffolk protocol on part-time timetables:* [*Part-time timetables – Suffolk Learning*](https://suffolklearning.com/safeguarding/part-time-timetables/) |  |
| **Has the child/young person received any suspensions since the last EHCP Review?****If yes, please provide details:** |  |
| **Is this child/young person currently at risk of permanent exclusion?****If yes, please provide details:** |  |

**Review of EHCP Outcomes, Needs, and Provision**

For children and young people in Year 9 and above, in respect of the young person’s area(s) of need, please ensure a consideration of what is currently happening to support them with Preparing for Adulthood, against the 4 pathways:
 - Friends, Relationships & Community Inclusion
 - Further Education & Moving Towards Employment
 - Independent Living
 - Health & Wellbeing

**COMMUNICATION AND INTERACTION**

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| **OUTCOMES** |
| **Outcome(s) from Section E of EHCP**Please list each outcome, and scale against. | **This section is intended to gain a sense of how the child/ young person is progressing towards the achievement of their EHCP outcomes.****For each outcome in this area of need, please scale in line with the below:****1 = No progress****2 = Limited progress (less than expected)****3 = Expected progress****4 = Good progress (better than expected)****5 = Outcome met** |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |

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| **Any additional narrative in regard to the scaling of outcomes or short-term targets:** |
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| **Short-term targets achieved in relation to the above outcome(s) since the plan was finalised / the last EHCP review:**  |
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| **If relevant, what shorter term / interim targets will be worked towards over the next 12 months, for the child/young person to move closer to achieving the EHCP outcome(s)?** |
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| **Recommendation for additional outcome(s) / changes to outcome(s):** |
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| **NEEDS** |
| **Have any additional communication and interaction needs been identified since the last EHCP review?** | **YES** [ ]  **(***Attach supporting assessment report)* | **NO** [ ]  |
| **If yes, what additional needs have been identified?**  |  |
| **If required, what are the amendments requested to the description of special educational needs?** Include any new barriers to learning and detail information that needs changing/removing. You can attach an annotated version of section B from the existing plan. Please also share any evidence to support this. |
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| **PROVISION** |
| **Overall, how effective has the Communication & Interaction provision in Section F been in supporting progress and achieving outcomes?** |
|  Not effective at all **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]  Very effective  |
| **Please provide details:** |  |
| **If required, what are the amendments requested to the provision specified in the EHCP?**Please remember that suggested changes to provision must be evidenced / linked to reports and assessments. You can attach an annotated version of section F from the existing plan. |
| **Educational provision – support needed to help the child achieve the above desired outcome(s)***(This should include teaching approaches, staffing arrangements and resources or programmes. Provision should be as specific and quantified as possible)* | **Frequency***(e.g., how often, how many minutes/ hours, for how long)* | **Provided by** | **Comments/ requested changes** |
|  |  |  |  |
| **If required, what are the evidenced recommendations for new provision to support achievement of outcome?** |
| **Suggested provision**  | **Frequency** | **Provided by** |
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**COGNITION AND LEARNING**

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| **OUTCOMES** |
| **Outcome(s) from Section E of EHCP**Please list each outcome, and scale against. | **This section is intended to gain a sense of how the child/ young person is progressing towards the achievement of their EHCP outcomes.****For each outcome in this area of need, please scale in line with the below:****1 = No progress****2 = Limited progress (less than expected)****3 = Expected progress****4 = Good progress (better than expected)****5 = Outcome met** |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |

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| **Any additional narrative in regard to the scaling of outcomes or short-term targets:** |
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| **Short-term targets achieved in relation to the above outcome(s) since the plan was finalised / the last EHCP review:**  |
|  |
| **If relevant, what shorter term / interim targets will be worked towards over the next 12 months, for the child/young person to move closer to achieving the EHCP outcome(s)?** |
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| **Recommendation for additional outcome(s) / changes to outcome(s):** |
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| **NEEDS** |
| **Have any additional Cognition and Learning needs been identified since the last EHCP review?** | **YES** [ ]  **(***Attach supporting assessment report)* | **NO** [ ]  |
| **What additional needs have been identified?**  |  |
| **If required, what are the amendments requested to the description of special educational needs?** Include any new barriers to learning and detail information that needs changing/removing. You can attach an annotated version of section B from the existing plan. |
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| **PROVISION** |
| **Overall, how effective has the Cognition and Learning provision in Section F been in supporting progress and achieving outcomes?** |
|   Not effective at all **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]  Very effective  |
| **Please provide details:** |  |
| **If required, what are the amendments requested to the provision specified in the EHCP?**Please remember that suggested changes to provision must be evidenced / linked to reports and assessments. You can attach an annotated version of section F from the existing plan. |
| **Educational provision – support needed to help the child achieve the above desired outcome(s)***(This should include teaching approaches, staffing arrangements and resources or programmes. Provision should be as specific and quantified as possible)* | **Frequency***(e.g., how often, how many minutes/ hours, for how long)* | **Provided by** | **Comments/ requested changes** |
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| **If required, what are the evidenced recommendations for new provision to support achievement of outcome?** |
| **Suggested provision**  | **Frequency** | **Provided by** |
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**SOCIAL, EMOTIONAL AND MENTAL HEALTH (SEMH)**

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| **OUTCOMES** |
| **Outcome(s) from Section E of EHCP**Please list each outcome, and scale against. | **This section is intended to gain a sense of how the child/ young person is progressing towards the achievement of their EHCP outcomes.****For each outcome in this area of need, please scale in line with the below:****1 = No progress****2 = Limited progress (less than expected)****3 = Expected progress****4 = Good progress (better than expected)****5 = Outcome met** |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |

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| **Any additional narrative in regard to the scaling of outcomes or short-term targets:** |
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| **Short-term targets achieved in relation to the above outcome(s) since the plan was finalised / the last EHCP review:**  |
|  |
| **If relevant, what shorter term / interim targets will be worked towards over the next 12 months, for the child/young person to move closer to achieving the EHCP outcome(s)?** |
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| **Recommendation for additional outcome(s) / changes to outcome(s):** |
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| **NEEDS** |
| **Have any additional SEMH needs been identified since the last EHCP review?** | **YES** [ ]  **(***Attach supporting assessment report)* | **NO** [ ]  |
| **What additional needs have been identified?**  |  |
| **If required, what are the amendments requested to the description of special educational needs?** Include any new barriers to learning and detail information that needs changing/removing. You can attach an annotated version of section B from the existing plan. |
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| **PROVISION** |
| **Overall, how effective has the Social, Emotional and Mental Health provision in Section F been in supporting progress and achieving outcomes?** |
|  Not effective at all **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]  Very effective  |
| **Please provide details:** |  |
| **If required, what are the amendments requested to the provision specified in the EHCP?**Please remember that suggested changes to provision must be evidenced / linked to reports and assessments. You can attach an annotated version of section F from the existing plan. |
| **Educational provision – support needed to help the child achieve the above desired outcome(s)***(This should include teaching approaches, staffing arrangements and resources or programmes. Provision should be as specific and quantified as possible)* | **Frequency***(e.g., how often, how many minutes/ hours, for how long)* | **Provided by** | **Comments/ requested changes** |
|  |  |  |  |
| **If required, what are the evidenced recommendations for new provision to support achievement of outcome?** |
| **Suggested provision**  | **Frequency** | **Provided by** |
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**SENSORY AND PHYSICAL**

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| **OUTCOMES** |
| **Outcome(s) from Section E of EHCP**Please list each outcome, and scale against. | **This section is intended to gain a sense of how the child/ young person is progressing towards the achievement of their EHCP outcomes.****For each outcome in this area of need, please scale in line with the below:****1 = No progress****2 = Limited progress (less than expected)****3 = Expected progress****4 = Good progress (better than expected)****5 = Outcome met** |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |

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| **Any additional narrative in regard to the scaling of outcomes or short-term targets:** |
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| **Short-term targets achieved in relation to the above outcome(s) since the plan was finalised / the last EHCP review:**  |
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| **If relevant, what shorter term / interim targets will be worked towards over the next 12 months, for the child/young person to move closer to achieving the EHCP outcome(s)?** |
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| **Recommendation for additional outcome(s) / changes to outcome(s):** |
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| **NEEDS** |
| **Have any additional Sensory and Physical needs been identified since the last EHCP review?** | **YES** [ ]  **(***Attach supporting assessment report)* | **NO** [ ]  |
| **What additional needs have been identified?**  |  |
| **If required, what are the amendments requested to the description of special educational needs?** Include any new barriers to learning and detail information that needs changing/removing. You can attach an annotated version of section B from the existing plan. |
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| **PROVISION** |
| **Overall, how effective has the Sensory and Physical provision in Section F been in supporting progress and achieving outcomes?** |
|  Not effective at all **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]  Very effective  |
| **Please provide details:** |  |
| **If required, what are the amendments requested to the provision specified in the EHCP?**Please remember that suggested changes to provision must be evidenced / linked to reports and assessments. You can attach an annotated version of section F from the existing plan. |
| **Educational provision – support needed to help the child achieve the above desired outcome(s)***(This should include teaching approaches, staffing arrangements and resources or programmes. Provision should be as specific and quantified as possible)* | **Frequency***(e.g., how often, how many minutes/ hours, for how long)* | **Provided by** | **Comments/ requested changes** |
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| **If required, what are the evidenced recommendations for new provision to support achievement of outcome?** |
| **Suggested provision**  | **Frequency** | **Provided by** |
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**HEALTH**

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| **OUTCOMES** |
| **Outcome(s) from Section E of EHCP**Please list each outcome, and scale against. | **This section is intended to gain a sense of how the child/ young person is progressing towards the achievement of their EHCP outcomes.****For each outcome in this area of need, please scale in line with the below:****1 = No progress****2 = Limited progress (less than expected)****3 = Expected progress****4 = Good progress (better than expected)****5 = Outcome met** |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |

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| **Any additional narrative in regard to the scaling of outcomes or short-term targets:** |
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| **Short-term targets achieved in relation to the above outcome(s) since the plan was finalised / the last EHCP review:**  |
|  |
| **If relevant, what shorter term / interim targets will be worked towards over the next 12 months, for the child/young person to move closer to achieving the EHCP outcome(s)?** |
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| **Recommendation for additional outcome(s) / changes to outcome(s):** |
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| **NEEDS** |
| **Have any additional Health needs been identified since the last EHCP review?** | **YES** [ ]  **(***Attach supporting assessment report)* | **NO** [ ]  |
| **What additional needs have been identified?**  |  |
| **If required, what are the amendments requested to the description of Health needs (Section C)?** Include any new barriers to learning and detail information that needs changing/removing. You can attach an annotated version of section C from the existing plan. |
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| **PROVISION** |
| **Overall, how effective has the Health provision in Section G been in supporting progress and achieving outcomes?** |
|  Not effective at all **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]  Very effective  |
| **Please provide details:** |  |
| **If required, what are the amendments requested to the provision specified in the EHCP?**Please remember that suggested changes to provision must be evidenced / linked to reports and assessments. You can attach an annotated version of section G from the existing plan. |
| **Health provision – support needed to help the child achieve the above desired outcome(s)***(Provision should be as specific and quantified as possible)* | **Frequency***(e.g., how often, how many minutes/ hours, for how long)* | **Provided by** | **Comments/ requested changes** |
|  |  |  |  |
| **If required, what are the evidenced recommendations for new provision to support achievement of outcome?** |
| **Suggested provision**  | **Frequency** | **Provided by** |
|  |  |  |

**SOCIAL CARE**

|  |
| --- |
| **OUTCOMES** |
| **Outcome(s) from Section E of EHCP**Please list each outcome, and scale against. | **This section is intended to gain a sense of how the child/ young person is progressing towards the achievement of their EHCP outcomes.****For each outcome in this area of need, please scale in line with the below:****1 = No progress****2 = Limited progress (less than expected)****3 = Expected progress****4 = Good progress (better than expected)****5 = Outcome met** |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |
|  | **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]   |

|  |
| --- |
| **Any additional narrative in regard to the scaling of outcomes or short-term targets:** |
|  |
| **Short-term targets achieved in relation to the above outcome(s) since the plan was finalised / the last EHCP review:**  |
|  |
| **If relevant, what shorter term / interim targets will be worked towards over the next 12 months, for the child/young person to move closer to achieving the EHCP outcome(s)?** |
|  |
| **Recommendation for additional outcome(s) / changes to outcome(s):** |
|  |

|  |
| --- |
| **NEEDS** |
| **Have any additional Social Care needs been identified since the last EHCP review?** | **YES** [ ]  **(***Attach supporting assessment report)* | **NO** [ ]  |
| **What additional needs have been identified?**  |  |
| **If required, what are the amendments requested to the description of social care needs (Section D)?** Include any new barriers to learning and detail information that needs changing/removing. You can attach an annotated version of section D from the existing plan. |
|  |

|  |
| --- |
| **PROVISION** |
| **Overall, how effective has the Social Care provision in Section H1/H2 been in supporting progress and achieving outcomes?** |
|  Not effective at all **1 ​** [ ] **2** [ ]  **3 ​** [ ]   **4 ​** [ ]  **5 ​** [ ]  Very effective  |
| **Please provide details:** |  |
| **If required, what are the amendments requested to the provision specified in the EHCP?**Please remember that suggested changes to provision must be evidenced / linked to reports and assessments. You can attach an annotated version of section H from the existing plan |
| **Provision – support needed to help the child achieve the above desired outcome(s)***(Provision should be as specific and quantified as possible)* | **Please indicate if H1 or H2** | **Frequency** *(e.g., how often, how many minutes/ hours, for how long)* | **Provided by** | **Comments/ requested changes** |
|  |  |  |  |  |
| **If required, what are the evidenced recommendations for new provision to support achievement of outcome?** |
| **Suggested provision**  | **Please indicate if H1 or H2** | **Frequency** | **Provided by** |
|  |  |  |  |

**Further actions required**

This could include actions for the school, professionals in attendance of the review meeting and/or the family.

|  |  |  |
| --- | --- | --- |
| **Action**  | **Who** | **Completion date:** |
|  |  |  |
|  |  |  |

**Personal Budget**

* ‘A Personal Budget is an amount of money identified by the local authority to deliver provision set out in an EHC plan where the parent or young person is involved in securing that provision. The funds can be held directly by the parent or young person, or may be held and managed on their behalf by the local authority, school, college or other organisation or individual and used to commission the support specified in the EHC plan.’
* ‘Young people and parents of children who have EHC plans have the right to request a Personal Budget, which may contain elements of education, social care and health funding.’
* ‘The review of the EHC plan should include the review of any existing Personal Budget arrangements including the statutory requirement to review any arrangements for direct payments.’

*SEND Code of Practice 2015*

|  |  |  |
| --- | --- | --- |
| **Has a Personal Budget been written into the EHCP?** | **Education** |  Yes [ ]  No [ ]   |
| **Health** |  Yes [ ]  No [ ]   |
| **Social Care** |  Yes [ ]  No [ ]   |
| **If yes, what provision has been purchased? Please detail below.** |
| **Provision purchased**  | **Cost (£)** | **Outcome of the provision: What impact has the use of the Personal Budget had on the outcomes identified in the plan?**  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Is a Personal Budget being requested by the family or young person for next year?** (This can only be for provision specified in the EHC Plan)  | Yes [ ]  No [ ]  |
| **If yes, what is being requested and what outcomes should be achieved through the use of this budget? Please indicate if this a continuation of any existing personal budget.** |
|  |

**Educational Setting Placement**

|  |  |
| --- | --- |
| **Will the child or young person be completing a school phase and leaving the current education setting at the end of the current school year?**  | Yes [ ]  No [ ]  |
| **If yes, what is the preferred education placement for next September and the reason?**  |
|  |
| **Are there any actions identified by the school this year or next to ensure an effective transition to the next phase of education?** |
|  |

|  |  |
| --- | --- |
| **Based on the evidence within this EHCP Review, is a different educational placement being requested?** | Yes [ ]  No [ ]  |
| **If yes, which type of educational placement is being requested and the reason?** | Mainstream [ ] Specialist unit at mainstream [ ]  Specialist School [ ] Other [ ]  Reason: |
| **What is the child/young person’s/ family’s preferred placement?** |  |

**Travel**

Please note that completion of this section does not constitute an application or request for funded travel.

|  |  |
| --- | --- |
| Have you spoken to the family regarding travel arrangements? | Yes [ ]  No [ ]  |
| How does the Child/ Young person primarily currently get to school? |  |
| Does the Child / Young Person receive SCC Funded School Travel? | Yes [ ]  No [ ]  |
| Are the Child/ Young Person’s circumstances likely to change within the next year in a way that may impact how they travel to school? E.g. due to house move, phased transfer yearIf yes please provide details | Yes [ ]  No [ ]   |

**Contact page & further information:** [www.suffolkonboard.com](https://protocolsuff.syhapp.com:53020/web/www.suffolkonboard.com)
School Travel queries e-mail: transport.service@suffolk.gov.uk
Call: 0345 6066173
[Nearest School Checker](https://www.suffolk.gov.uk/children-families-and-learning/schools/school-places/school-catchment-areas/nearest-school-checker) - Suffolk County Council, for any specific queries please use contact details above.
Policy link [www.suffolkonboard.com/policies](https://www.suffolkonboard.com/policies)

**Meeting Recommendations**

Please indicate **your** recommendation below to help inform decision making.

|  |  |
| --- | --- |
| **No change to EHCP – maintain it** [ ]  | **EHCP not needed - cease to maintain** [ ]  |
| **Changes needed - amend the EHCP** [ ]  |  |

The Local Authority will review all the information and recommendations in this EHCP Review form and any additional submitted reports and views, to make a decision about whether to maintain the EHCP, amend it or cease it. The review concludes when the Council issue the notification to parents indicating this decision.

[SCC Annual Review Training and Guide](https://suffolk.pagetiger.com/ehcp-annual-review-guide/20%22%20%5Ct%20%22_blank)

**Differing Viewpoints**

|  |
| --- |
| **Are there any differences of opinion about any of the recommended changes between anyone attending the meeting? Record all differing viewpoints.** |
|  |

|  |  |
| --- | --- |
| Has a copy of this completed review report been shared with the young person/ their parent/carer(s) and all who attended the meeting? | Yes [ ]  No [ ]  |

|  |  |
| --- | --- |
| **Comments***Comments about the meeting recommendation recorded and any recommendations for new assessment/ reassessments* |  |

**Signed**

|  |  |  |  |
| --- | --- | --- | --- |
| **Person completing EHCP Review report:**  |  | **Role:** |  |
| **Email and telephone contact details:** |  |
| **Signature:**  |  | **Date:** |  |

**This report must be sent to the Local Authority (****EHCPReviews@suffolk.gov.uk)** **and invitees and attendees within two weeks of the date of the meeting.**