**** REVIEW FORM SEPTEMBER 2018

**SPECIAL EDUCATIONAL NEEDS & DISABILITY (SEND) TEAM**

**CHILDREN’S SERVICES, SCHOOLS AND FAMILIES**

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| --- | --- | --- | --- |
| **NAME OF CHILD / YOUNG PERSON:** |  | | |
| **DATE OF BIRTH:** |  | | |
| **CURRENT SCHOOL / EDUCATIONAL SETTING:** |  | **DATE OF ADMISSION:** |  |
| **CHRONOLOGICAL YEAR GROUP:** |  | **ACTUAL YEAR GROUP:** |  |

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| --- | --- |
| **DATE OF REVIEW MEETING:** |  |
| **DATE OF EHCP UNDER REVIEW:**  (Copies should be available to all those present at the review meeting). |  |

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| **Please indicate the type of review:**  **(please highlight)** | **Annual Review / Interim Review** |
| **If this in an interim review then please give a brief reason:** | |

**THIS FORM HAS BEEN DESIGNED TO ASSIST IN CONDUCTING THE REVIEW MEETING AND IS INTENDED TO BE USED AS AN AGENDA FOR THE MEETING ITSELF.**

The purpose of the annual review is to review the Education, Health and Care Plan. The annual review meeting is the culmination of the process of reviewing the child / young person’s needs. The meeting should focus on whether the information collected about the child / young person as part of the review indicates that the EHCP itself remains appropriate. **Please ensure that all those at the meeting have a copy of the latest EHCP and professional reports have been circulated at least 2 weeks in advance.**

Interim reviews may be required where there are considerable changes to the child / young person’s needs, there are concerns about the educational placement or there are requests for additional support. There should be enough evidence within this form and any attached evidence to support any requests that may need to be taken to SEND Panel.

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| **PRIMARY NEED** – please highlight below: | | | | | | | | | | | |
| **Cognition and Learning** | | | | **Social, Emotional and Mental Health** | | **Sensory and/or Physical Needs** | | | | **Communication and Interaction** | |
| SpLD | MLD | SLD | PMLD | ADHD/ADD | Other | PD | MSI | VI | HI | SLCN | ASD |

**PERSONAL DETAILS**

**This gives all of the essential information required to ensure that the EHCP is maintained correctly. Please complete to check that all data held is correct.**

|  |  |
| --- | --- |
| **Details of Child / Young Person** | |
| **Surname:** | **Other names:** |
| **NHS Number:** | **Gender:** |
| **Home Address:** | **Religion:** |
| **Ethnic Origin:** |
| **Home Language(s):** |
| **UPN:** |
| **Social Care Information (please highlight below)** | |
| **Known to Social Care: Yes / No** | **Name of Social Worker:** |
| **Child Looked After: Yes / No** | |
| **Name of Local Authority:** | |
| **Looked After Status: Section 20 / Section 31 / Other** | |

|  |  |
| --- | --- |
| **Details of ALL Parent(s) / Guardian(s) with Parental Responsibility** | |
| **Name:** | **Relationship to Child / Young Person:** |
| **Home Address:** | **Contact Number:** |
| **Email:** |
| **Name:** | **Relationship to Child / Young Person:** |
| **Home Address:** | **Contact Number:** |
| **Email:** |

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| **Are there any changes to the parental responsibility/legal status/family situation since the last EHCP? Yes / No** |
| If yes, please provide additional information: |

**Please list everyone who attended this EHCP review meeting.**

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| --- | --- |
| **Name** | **Title and/or profession** |
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**Please list documents/reports submitted with AR paperwork.**

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| **Name** | **Title and/or profession** | **Date of Report/Document** |
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**Sections A, B, C & D**

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| **Please indicate any changes to the current EHCP in sections A-D by writing on the plan itself or amending electronically (using the agreed key) the Word document itself if you have volunteered to be part of the trial this year.**  Identify anything that should now be removed by striking through the words with a straight line and writing / typing in clearly anything that needs to be added. Avoid using colour coding as the authority does not have facility to print and copy in colour. Any electronic additions should be in normal font and shaded in grey.  If there are **significant** changes to the EHC plan then please ensure a member of Bedford Borough SEND Team is invited to the review so these amendments can be discussed. Any changes should be considered alongside any professional advice received. Remember, under normal circumstances, the purpose of the review is to amend and update what is already there.  **Please ensure that all school and professional reports have been circulated to everyone, including the SEND Team, at least 2 weeks in advance of the meeting.**  **Key**  **~~Deleted Text~~ Added Text** |

**Section E – My Outcomes and Targets**

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| --- | --- |
| **How have my outcomes changed since my last Education, Health and Care Plan?**  Outcomes may change at the end of a key stage or in exceptional circumstances. They will be deleted once achieved. **If there are no changes, leave this section blank.** | |
| Outcome 1 | Current Outcome: |
| New Outcome: |
| Outcome 2 | Current Outcome: |
| New Outcome: |
| Outcome 3 | Current Outcome: |
| New Outcome: |
| Outcome 4 | Current Outcome: |
| New Outcome: |
| Outcome 5 | Current Outcome: |
| New Outcome: |
| Outcome 6 | Current Outcome: |
| New Outcome: |

**For a child / young person in Year 9 onwards please also complete:**

**If adding this outcome for the first time, please also add provisions on the amended EHCP.**

|  |  |
| --- | --- |
| Preparing  for  Adulthood | Current Outcome: |
| New Outcome: |

|  |  |
| --- | --- |
| **How have my targets changed since my last Education, Health and Care Plan?**  Targets may need to be changed each year, even if the child or young person has not achieved them. | |
| Target 1 | Current Target: |
| New Target for Outcome 1: |
| Target 2 | Current Target: |
| New Target for Outcome 2: |
| Target 3 | Current Target: |
| New Target for Outcome 3: |
| Target 4 | Current Target: |
| New Target for Outcome 4: |
| Target 5 | Current Target: |
| New Target for Outcome 5: |
| Target 6 | Current Target: |
| New Target for Outcome 6: |

**For a child / young person in Year 9 onwards please also complete:**

**If adding this outcome for the first time, please also add provisions on the amended EHCP.**

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| --- | --- |
| Preparing for Adulthood | Current Target: |
| New Target for Preparing for Adulthood: |

**Sections F, G, H1 and H2**

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| **Please identify changes to Sections F-H by writing on the EHCP itself or amending electronically (using the agreed key) the Word document itself if you have volunteered to be part of the trial this year – in the same way as for Sections A-D.** |

**Section I – Name and Type of School / Setting**

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| --- | --- | --- |
| Is the correct school / setting named?(please highlight) | YES | NO |
| If no, please indicate change requested below: | | |

**Change of Placement Requests**

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| --- | --- |
| Is the child / young person transferring as part of phase transfer in the coming year e.g. pre-school to primary, primary to secondary or secondary to post-16 provision? Please specify which school / post 16 setting has been identified by parents / young person? |  |

**Please note that it is not the purpose of the review meeting to agree or recommend new placements. Where a SENDCO anticipates that placement will be discussed at the meeting, they must invite a member of the SEND team to the meeting and make parents aware that the request will be considered by the SEND Panel against Local Authority guidance regarding placement procedures. SENDCOs should also make parents/carers aware of the Bedford Borough SEND Advice Service.**

**Consideration and Consultation for ceasing to maintain the EHCP (COP 9.199-9.210)**

|  |  |  |
| --- | --- | --- |
| Should the EHCP continue to be maintained? (please highlight) | YES | NO |
| Please state reasons: | | |
| Were all parties in agreement? (please highlight) | YES | NO |
| If no, please state reasons: | | |

**Section J – Education, Health and Care Plan Resource Sheet**

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| --- | --- | --- |
| Are there any requests for changes in my resources and funding?  (Any requests must be supported by triangulated evidence from the setting and external professionals, which should be attached to the EHCP review form, these may then be considered at the SEND Panel).  If yes, please detail changes below: | YES | NO |
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| Has the parent / carer / young person requested further information on or made a request for a Personal Budget?  If yes, please provide details of the request below: | YES | NO |
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**THIS FORM MUST BE SIGNED AND DATED BEFORE SUBMISSION.**

**Please note we accept electronic signatures including typescript.**

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| --- | --- | --- | --- |
| **Head teacher/SENDCO:** |  | | |
| **Signed:** |  | **Date:** |  |

**This form has been e-mailed, but the school confirms that a signed copy is available if required.**

**IMPORTANT NOTICE:**

This form must be completed in typescript. All other reports which formed part of the review must accompany this form. A copy must be sent to everyone invited to the review, **within 10 working days of the Annual Review, or by the end of the school term, whichever is the sooner**, in accordance with the Code of Practice. Please note that in order to maintain the accuracy of funding for pupils with EHCPs it is imperative that you return your Annual Review Documentation within time scales to:

[**sendteam@bedford.gov.uk**](mailto:sendteam@bedford.gov.uk)

**Please email this completed Review Form as a Word document to the above email address, along with the accompanying reports and the annotated EHCP.**