# Kent County Council logo - kent.gov.ukAnnual Review Report for Education, Health & Care Plan*Year 9 Plus*

## Young Person’s Information and Review of Basic Information

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| **Young Person’s Details** |
| Name of Pupil |  |
| Pupil also known as |  |
| Date of birth |  |
| Pupil address |  |
| Current year group |  |
| Chronological year group (if different) |  |
| Chronological age |  |
| Current setting | If transitioning to another setting, please also include this schools name |
| District |  |
| Contact number for the setting |  |
| Is the young person a Looked After Child? |  Yes [ ]  No [ ]  |
| If yes, please provide the Social Workers contact details |  |
| Is the young person a Child in Need? |  Yes [ ]  No [ ]  |
| If yes, please provide the Social Workers contact details |  |
| Is the young person electively home educated? |  Yes [ ]  No [ ]  |
| Do the details above match those on the EHC plan? |  Yes [ ]  No [ ]  |
| If no, please specify what detail has changed.The Local Authority will update their records for the young person with the details provided above |  |
| **Attendance** |
| Overall attendance rate at date of review for this academic year | % |
| Overall attendance rate for last academic year | % |
| Are there concerns around attendance? |  Yes [ ]  No [ ]  |
| If yes, please provide details of steps taken to improve attendance |  |
| Is the young person at risk of exclusion? |  Yes [ ]  No [ ]  |
| If yes, provide details of steps taken to prevent exclusion |  |
| Does the young person receive any of their education off-site for any part of the week? |  Yes [ ]  No [ ]  |
| If yes, please state where and for how much time (in hours) |  |
| Is the young person on a reduced timetable? |  Yes [ ]  No [ ]  |
| If yes, please state hours attending and what plans are in place to re-integrate to full time. |  |
| **Key dates** |
| Date of this Annual Review meeting |  |
| Date of the previous annual review |  |
| If the previous annual review meeting took place outside of timescale, please give further details |  |

## Contact Information for Parents/Carers

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| Have there been any changes to the Parent/Carer’s personal details as shown on the EHC plan including email address?If yes, please complete details below |  Yes [ ]  No [ ]  |
|  | Parent/Carer 1 | Parent/Carer 2 |
| Parent/Carer’s name |  |  |
| Relationship to the young person |  |  |
| Address |  |  |
| Mobile number |  |  |
| Home number |  |  |
| Email |  |  |

## Contact Information for Young Person (Over 16s only)

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| Have there been any changes to Young Person’s personal details as shown on the EHC Plan including email address?If yes, or if the young person’s details are not on the EHC Plan then please complete details below | Yes [ ]  No [ ]  |
| Consent from Young Person for parent or any professional who has contributed to the EHC Plan (Section K) to have contact details. | Yes [ ]  No [ ]  |
| Address |  |
| Mobile number |  |
| Home number |  |
| Email |  |

## Contributors to the Review Meeting

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of person invited to attend | Role(E.g. Parent, Young Person, School, Social Worker, Speech & Language Therapist etc.) | Invited to contribute written advice | Written advice received/attached | Attended |
|  |  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
|  |  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
|  |  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
|  |  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
|  |  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
|  |  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |

## Views of the School, Young Person and Parent/Care

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| StrengthsWhat has gone well since the young person’s last annual review/issue of the first EHC plan? |
| Views of the school or setting |  |
| Views of the young person |  |
| Views of the parent/carer |  |
| Additional Comments |  |

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| DifficultiesWhat challenges has the young person faced since their last annual review/issue of the first EHC plan? |
| Views of the school or setting |  |
| Views of the young person |  |
| Views of the parent/carer |  |
| Additional Comments |  |

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| **Phase Transfer** Please complete if the young person is preparing for transition in the next academic year |
| Please provide details of discussions around preference  |  |

## Academic attainment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Subject/Course | Type/name of assessment | Attainment at previous review | Current attainment | Level of attainment |
|  |  | Working:[ ]  above age appropriate level [ ]  at age appropriate level [ ]  below age appropriate level  | Working:[ ]  above age appropriate level [ ]  at age appropriate level [ ]  below age appropriate level  | If working below age appropriate level please state by how many yearsPlease include further information about additional support in place, e.g. 1:1 funding |
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## Plans for the Next Academic Year

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| --- | --- | --- |
| Subject/Course | Type/name of assessment and examination board | Further comments |
|  |  | Please include further information about additional support in place, e.g. 1:1 funding |
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## Preparing for Adulthood

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| A young person’s goals and aspirations for further education, employment, friends, relationships and community  |
| What post 16 pathways have been explored and identified with the young person? | *(i.e. Further education, training such as supported internships, apprenticeships, traineeships).*[Support for young people with special educational needs and disabilities - Kent County Council](https://www.kent.gov.uk/education-and-children/special-educational-needs/support-for-young-people) |
| What arrangements have been made in the last year to support the young person in finding a job? | *(i.e. work experience, work opportunities, job coaches, etc).* |
| Summary of the careers’ advice, information and guidance the young person has received as part of the school’s/college’s statutory duty to provide independent, impartial Information and Guidance (IAG) | *(Include support for writing a CV)* |
| What advice has the young person and their family been given with regards to preparation for adulthood? | [Year 9 support - Kent County Council](https://www.kent.gov.uk/education-and-children/special-educational-needs/support-for-school-age-children/year-9-support) |
| Preparing for Independent Living |
| Where does the young person want to live in the future, with whom and what support will they need? |  |
| Based on the information above, have any referrals been made or advice been given to support this process? |  |
| Preparing for Adult Health |
| Summary of the transition arrangements in place or needed from Children to Adult Health Services (Adult Health Services start from age 18) |  |
| Preparing for Adult Social Care |
| Summary of planning and arrangements in place for the young person to access social and community activities and support in developing and maintaining friendships and relationships. |  |
| Preparing for Transition |
| What arrangements are the current educator making to support a transition? |  |

## Recommendations to be considered by the Local Authority for this Annual Review

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| --- | --- |
| What is the recommendation to be considered by the Local Authority? | [ ]  Maintain EHC Plan[ ]  Cease EHC Plan[ ]  Amendments to the EHC Plan |
| For maintain - please provide reasons for your recommendation | [ ]  Outcomes are not yet achieved [ ]  No significant amendments[ ]  Other – please specify |
| For cease - please provide reasons for your recommendation | [ ]  Ongoing educational or training needs can be met without an EHC Plan[ ]  The pupil leaving education to take up paid employment including employment with training but excluding apprenticeships[ ]  The pupil is entering higher education[ ]  The pupil over 18 and no longer wishes to engage in education[ ]  The pupil going to be in receipt of adult social services[ ]  Other – please specify: |
| For any recommendation for amendments, please provide these in the next section.  |

## Sections of the EHC Plan

Only complete if there are recommended amendments.

Please consider whether the EHC Plan is still reflective of the young person’s needs and provision.

The Local Authority will conduct a full review of the EHC Plan and whether they intend to maintain the EHC plan in its current form, amend it, or cease to maintain it. The SEND Code of Practice 9.193 stipulates that “EHC plans are not expected to be amended on a very frequent basis”.

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| Section A: The views, interests and aspirations of the young person and their parents(Changes to Section A alone would not normally result in an amendment notice being issued) |
| Are there any changes? |  Yes [ ]  No [ ]  |
| If yes, please outline any changes: |  |

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| Section B: Special educational needs (SEN)(Significant changes to Section B must be supported by advice from the relevant professional e.g. EP, SALT, OT) |
| Primary area of need | [ ] Cognition and Learning [ ]  Communication and Interaction [ ]  Social, Emotional & Mental Health[ ]  Physical and Sensory |
| Are there any changes to the content of section B? |  Yes [ ]  No [ ]  |
| If yes, please outline any changes: |  |

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| Specialist Teaching and Learning Service (STLS) |
| Is the young person open to STLS? |  Yes [ ]  No [ ]  |
| If you have received a report, please confirm that the report is attached | [ ]  Yes, the report is attached |
| Risk Assessment and/or Behaviour Support |
| Is there an individual Risk Assessment or Behaviour Support plan? |  Yes [ ]  No [ ]  |
| If you have received a report, please confirm that the report is attached | [ ]  Yes, the report is attached |

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| Section C: Health needs(Significant changes to health needs must be supported by medical advice) |
| Are there any changes? |  Yes [ ]  No [ ]  |
| If yes, please outline any changes: |  |

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| Health – if applicable |
| Progress towards current Health outcomes | [ ]  Not met and not making progress[ ]  Not met, but making progress[ ]  Partially met, but progress stalled[ ]  Partially met, and making progress[ ]  Outcomes met |
| New Health outcome(s) as supported by outside agency Health advice and / or report |  |
| Have any additional Health needs been identified by a relevant Health professional? |  Yes [ ]  No [ ]  |
| Please detail those differences |  |
| Please record who provided the evidence/report below and attach to this report |
| Name of the Health professional |  |
| Date of the report |  |

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| Therapies |
| Is the young person receiving any therapy related to SEN identified in the EHC plan? |  Yes [ ]  No [ ]  |
| If yes, please specify | [ ]  Speech and Language Therapy (SALT) [ ]  Occupational Therapy (OT)[ ]  Physio[ ]  Child/Young Person Mental Health Service (CYPMHS)[ ]  Other - please specify: |
| Does this support need to continue? | Yes [ ]  No [ ]  |
| If you have received a report, please confirm that the report is attached | [ ]  Yes, the report is attached |
| Continuing Health Care |
| Is the young person open to Continuing Care service? |  Yes [ ]  No [ ]  |
| Please record who provided the evidence/report and their contact details |  |
| If you have received a report, please confirm that the report is attached | [ ]  Yes, the report is attached |
| Communication Assisted Technology (CAT Team) |
| Is the young person open to the CAT service? |  Yes [ ]  No [ ]  |
| If you have received a report, please confirm that the report is attached | [ ]  Yes, the report is attached |

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| Section D: Social care needs (Significant changes to social care needs must be supported by social care advice) |
| Are there any changes? |  Yes [ ]  No [ ]  |
| If yes, please outline any changes: |  |
| Social Care – if applicable |
| Progress towards current social care outcomes | [ ]  Not met and not making progress[ ]  Not met, but making progress[ ]  Partially met, but progress stalled[ ]  Partially met, and making progress[ ]  Outcomes met |
| New Social Care outcome(s) as supported by Local Authority Social Care advice and/or report |  |
| Have any additional Social Care needs been identified by a relevant Social Care professional? | Yes [ ]  No [ ]  |
| If yes, please describe the new needs |  |
| Please record who provided the evidence/report below and attach to this report |
| Name of the Social Care professional |  |
| Date of the report |  |

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| Section E: Outcomes (Changes to Section E alone would not normally result in an amendment notice being issued) |
| Are there any changes? |  Yes [ ]  No [ ]  |
| If yes, please outline any changes: |  |

Outcomes

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| --- | --- |
| Is the young person at the end of a key stage? |  Yes [ ]  No [ ]  |

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| Current outcomes (from the EHC plan) | Rating of progress |
| Not met and not making progress | Not met, but making progress | Partially met, but progress stalled | Partially met, and making progress | Outcomes met | Outcomes are no longer relevant |
| Cognition and Learning: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Any new outcomes | *By the end of Key Stage X young person will be able to X (area of need) (measurable) so that they can X.* |
| Communication and Interaction: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Any new outcomes |  |
| Social, Emotional & Mental Health: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Any new outcomes |  |
| Physical and Sensory: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Any new outcomes |  |

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| Were the new outcomes written in collaboration with: |
| Health |  Yes [ ]  No [ ]  |
| Social care |  Yes [ ]  No [ ]  |
| Joint (health and social care) |  Yes [ ]  No [ ]  |

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| Section F: The special educational provision  |
| Are there any changes to the provision in these areas? | [ ] Cognition and Learning [ ]  Communication and Interaction [ ]  Social, Emotional & Mental Health[ ]  Physical and Sensory |
| If yes, please outline any changes (additional or completed interventions/strategies) |  |

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| Section G: Health provision reasonably required by the learning difficulties or disabilities which result in SEN (Significant changes to health provision must be supported by health advice.) |
| Are there any changes? |  Yes [ ]  No [ ]  |
| If yes, please outline any changes: |  |

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| Section H: H1) Social care provision for a child/young person under18 related to section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA);H2) Social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN(Significant changes to social care provision must be supported by social care advice) |
| Are there any changes? |  Yes [ ]  No [ ]  |
| If yes, please outline any changes: |  |

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| Section I: PlacementParagraph 9.195 of the SEND Code of Practice 2015, makes it clear that a parent/YP’s can make a formal request for a particular school or other institution be named in the EHC plan if the local authority decides to amend the EHC plan. Paragraph 9.193 makes it clear that “EHC plans are not expected to be amended on a very frequent basis”. |
| If the Local Authority decide to amend the EHC plan, would the parent/carer want to make a formal request for a particular school or other institution? |  Yes [ ]  No [ ]  |
| If yes, please outline the parental preference |  |

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| Section J: Personal budget |
| Are there any changes? |  Yes [ ]  No [ ]  |
| If yes, please outline any changes: |  |

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| Section K: Advice and information |
| Are there any changes? |  Yes [ ]  No [ ]  |
| If yes, please outline any changes: |  |

## Considerations for Next Annual Review Meeting

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| Based on the discussions in this meeting, should the plan be considered for ceasing at the next annual review? | Yes [ ]  No [ ]  |
| Based on the discussions in this meeting, how do you expect the level of provision to change at the next annual review? |  [ ]  Maintain [ ]  Increase [ ]  Decrease |

## Sign off

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| *This section is to be completed by the professional completing the annual review report* |
| I can confirm that this review captures the views wishes and feelings of the young person and of their parents or carers.I can confirm that all relevant professional reports are included as part of this annual review report. |
| Name |  |
| Role |  |
| E-Signature |  |
| Date |  |
| Please identify whether there are any disagreements to the recommendations as set out in this report. If so, please provide details: |  |
| Please provide any other further comments |  |

Please ensure the form is returned to KCC within 2 weeks of the annual review meeting to support with legislative timescales.