

AR1



AR1

Annual Review Report for an Education Health and Care Plan

| Child/Young Person's Information | | | |
|---|-----|--------------------------|--|
| Surname | | Home address | |
| Other names | | | |
| Date of birth | | | |
| Gender | | | |
| Current Year Group | | Post code | |
| Parent/carers name | | Address (if different) | |
| Telephone numbers | | email | |
| Does the child/young person have Child Looked After status? | Y/N | Named Social Worker/Team | |

| Educational Setting Information | | | |
|---------------------------------|--|-----------|--|
| Name of setting | | Telephone | |
| Address | | email | |
| SEND lead | | | |

| EHC Plan Information | | | |
|--|--|--|--|
| Name of Local Authority Maintaining EHC Plan | | | |
| Date of Annual Review | | Date of Last Annual Review | |
| Date EHC Plan Finalised | | Date of admission to educational setting | |

| People who attended the Conversion/Annual Review | | Attended Yes/no | Report Yes/no |
|--|-------------|-----------------|---------------|
| Name | Designation | | |
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Early Years/School/FE Views on progress towards child/young persons's Outcomes as set out in Section E of the EHC Plan

| OUTCOMES | REVIEW |
|---|---|
| <p>Short Term by mm/yy (Annual)</p> <p><i>Detail taken directly from IEPs</i></p> | <ul style="list-style-type: none"> • Evidence of Assess, Plan, Do, Review - AR5 (which is Part 3&4 of SSP) or School's version • Evidence of pupil view – AR2 and invited to attend AR meeting – if using innovative ways of recording views please record briefly in here how you did this, e.g. Samuel was anxious about attending meetings so we made a short films every term and showed it in the annual review meeting altogether, Olu came to his review meetings at the start and used talking mats to say how he liked something; we took pictures and kept these. Please indicate how you are keeping these recorded views. • Evidence of parent/carer view – AR3 and invited to AR attend meeting can also be evidenced in AR5 attending meetings and parent evenings too if SEND discussed at these times • Give an overview/summary of progress towards the short term outcomes e.g. Alice has reached all of her communication and interaction outcomes for the year, we believe this is because the SaLT programme was specific and targeted the small steps needed to achieve. The cognition and learning outcomes this year have been partially achieved; Alice spent a lot of energy on achieving her C&I which had positive knock on effects to her SEMH, but did leave her tired during the week during some of the specific literacy interventions we had planned. Going forward we are going to increase the time on C&L interventions and lessen the SaLT intensity in the first term to see if this helps. SaLT are in agreement as Alice now needs a good period to consolidate her C&I skills. |
| <p>Medium Term by mm/yy</p> <p><i>Detail taken directly from Section E of EHC Plan</i></p> | <ul style="list-style-type: none"> • 1st annual review – Medium Term outcomes used to shape next set of Short Term outcomes • 2nd annual review – have medium term outcomes been achieved • 3rd annual review – create new medium term outcomes |
| <p>Long Term by mm/yy</p> <p><i>Detail taken directly from Section E of EHC Plan</i></p> | <ul style="list-style-type: none"> • 1st annual review – comment on progress towards these outcomes • 2nd annual review – comment on progress towards these outcomes • 3rd annual review – have outcomes been achieved • 3rd annual review – create new long term outcomes |

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New Outcomes

| | |
|--|--|
| Short Term/Annual by mm/yy <i>Set every annual review and transferred to part 3 of SSP</i> | |
| Medium Outcomes <i>Set at 3rd annual review mm/yy</i> | |
| Long Term Outcomes <i>Set at 3rd annual review mm/yy</i> | |

Personal Budget

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|--|
| Was the parent/carer/young person aged 16 or more informed of how to find out information about accessing a personal budget? YES/NO |
| <i>If yes, what information was given and by whom?</i> |
| <i>If no, why was this?</i> |

Transitioning between settings: Nursery/Reception, Infant/Junior, Primary/Secondary, Secondary/FE

| |
|---|
| Was transition from one education phase to another discussed as part of the review process YES/NO/NA |
| <i>Which phase transition was discussed?</i> |
| <i>Parent/Carer views</i> |
| <i>Child/Young Person views</i> |
| <i>Professional views</i> |

Preparing for Adulthood (Year 9 onwards)

| |
|--|
| Have the four preparing for adulthood strands: employment, independent living, participation in society and being as healthy as possible in adult life, been discussed as part of the review process YES/NO |
| <i>Matters arising from the discussion:</i> |
| <i>Actions to be taken:</i> |

Amendments to an existing EHC plan following a review

Do the description in Section B, C and D of the EHC Plan remain accurate?

If not, what changes need to be made?

NB EHC Plans are not expected to be amended on a very frequent basis. When Long Term Outcomes have expired and new ones set this is seen as an appropriate time to update strengths and needs in B,C and D

If there has been a significant change in the child's needs due to a change of circumstance please check with your case worker if changing the needs ahead of the 3 year cycle would be appropriate

Does the provision in Section F, G, H1 and H2 of the EHC Plan remain appropriate?

If not, what changes need to be made?

NB EHC Plans are not expected to be amended on a very frequent basis. When Long Term Outcomes have expired and new ones set this is seen as an appropriate time to update provision on the EHC Plan.

Please attach a provision map for the year reported on

Transport

Does the Local Authority provide home to educational setting transport? YES/NO

If yes:

What type of transport?

Does the transport remain appropriate? Give reasons for your answer.

If the young person is of secondary school age is there a travel plan in operation?

If not what steps are being made to encourage independent travel?

Continuation of the EHC Plan

Is the support of an Education Health and Care Plan still required?

Y/N

Actions

| Please describe any action to be taken following this review | | |
|---|--------------------------------------|--------------------------------------|
| What action is to be taken? | Who will complete the action? | When will it be completed by? |
| | | |

| Any additional comments or feedback from the people who attended the review. |
|---|
| |

Signed:

Date:

Insert name and professional title of person chairing the Conversion/Annual Review Meeting