**Record of EHCP Annual Review held on --/ --/ --**

**Pupil’s name Date of Birth --/ --/ -- Name of school/ setting**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EHCP Goals/ Outcomes** | | **Goals for the year** | **Progress towards** **goals this year\*** | **Comments / evidence of progress** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |

\*Annual goals - Red = not met, Amber = partially met, Green= fully met

**Summary of discussion at EHC Annual Review**

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| --- |
| **Child / young person’s views**  **Parent/ Carer views**  **School views** |

**Attainment**

**Please attach a document summarising the pupil’s attainment in all areas of their learning and development including P-Scales, progress levels, examination results and reading and spelling age where appropriate.** *Add a cross to the box to confirm document is attached*.

**Attendance figure since EHCP issued or last annual review…….%**

**Recommendations of the Annual Review**

|  |  |
| --- | --- |
|  | **Maintain the existing EHC Plan with no change**  The education setting and the provision in the EHC Plan remains appropriate and is able to meet the pupil’s needs. |
|  | **Amend the EHC Plan as this pupil’s circumstances have substantially changed**  Please specify details including supporting evidence of:     1. Changes in circumstance; and 2. Intervention and its impact (i.e. what the setting has done to make reasonable adjustments to manage the change in need as part of *‘assess, plan, do, review’*)   ***The absence of demonstrable evidence of a change in need and action taken to address the need, will either result in delay or will mean that the authority will be unable to make any changes to the plan.***  Examples of the type of evidence that the LA would expect settings to provide (this is not an exhaustive list)  include:  Termly support plans and/or progress reports  Reports from external agencies involved e.g. EP Service, CAMHS, Speech & Language Reports etc.  Behaviour / incident logs, and/or details of fixed term exclusion |
|  | **Cease the EHC Plan**  The pupil’s needs and provision can be met without an EHC Plan or the young person is leaving education. |

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| Are there any differences of opinion about the recommended changes and/ or amendments between the educational setting and others attending the meeting? Record all differing views. |

**People involved in this annual review**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Role** | **Invited** | **Attended meeting** | **Report provided** |
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**The record of the annual review has been completed by:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Role** |  |
| **Signature** |  | **Date** |  |

**Signature of parent/ carer**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Date** |  |
| **Signature** |  |  |  |

**Appendices to annual review**

a completed EHC Support Plan for the next year

any changes to the Profile part of the EHC Plan

any information, assessments and reports submitted or considered as part of the annual review (list these in the table below)

other relevant information and advice (list these in the table below)

|  |  |  |
| --- | --- | --- |
| **Name of document** | **Provided by** | **Date** |
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**Signature of senior representative from school/ college/ training provider**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Role** |  |
| **Signature** |  | **Date** |  |

Please complete this advice form and return a copy within 2 weeks of the annual review meeting **by secure email** to [SEN@islington.gov.uk](mailto:SEN@islington.gov.uk) together with all of the appendices ticked or listed above.