

## My Annual Review Report

- This form should be used when reviewing a student's Statement or Education Health and Care Plan (EHCP).
- The child/young person will be invited to attend or contribute to their meeting.
- Parents/carers will be offered a date for the review and asked for their views at least two weeks in advance.
- Please fill in as much as possible of this report prior to the meeting.

### Personal Details

Name			DOB		UPN	
Educational Setting					Year Group	
Address of child/young person						
Email and/or Tel No of child/young person (if applicable)						
High Needs Funding Category:			Educational Attendance %			
Child in Care?	Yes / No	If yes Name of Local Authority				
Primary Need			Diagnosis (if any)			

### Statutory Review Recommendations

It should be made clear to those in attendance that the recommendations can be made, but the LA will make the final decision on whether to maintain or amend an EHC Plan.

Date of Review Meeting		Date of last Review Meeting:		Date of final EHCP/Statement:	
Type of Review:					
Annual Review				Yes / No	
Emergency Annual Review				Yes / No	
Annual Review following move into county				Yes / No	
Annual Review following change of placement				Yes / No	
Annual Review prior to phase transfer				Yes / No	
Year 9 Transition Review				Yes / No	
Statement is transferring to an EHC Plan					Yes / No
Statement or EHC Plan should be maintained					Yes / No
Amendments to the Statement or EHC Plan to be considered					Yes / No
Statement or EHC Plan should be ceased					Yes / No

<b>A change of placement should be considered</b>	Yes / No
Please detail reasons for request below (if applicable)	

If Statement is transferring to an EHC Plan, please complete the table below in order to clarify if any further information is required?

Child/Young person	
Parent	
Education Provider	
Medical	
• Paediatrician	
• Integrated Therapy Service	
• CAMHS	
Educational Psychologist	
Social Care	
Other involved professional (please list below)	

Please tick if, in addition to the Transfer Review Report, further information will be submitted

## Parent(s) or Carer(s)

<b>Parent/Carer Name</b>			
<b>Relationship to child/ Young Person</b>		<b>Parental Responsibility</b>	Yes / No
<b>Address if different from above</b>			
<b>Tel Number</b>		<b>Mobile Number</b>	
<b>Email</b>			
<b>Do you have a disability that we made need to consider when communicating with you? If yes please specify below</b>			Yes / No

<b>Parent/Carer Name</b>			
<b>Relationship to child/ Young Person</b>		<b>Parental Responsibility</b>	Yes / No
<b>Address if different from above</b>			
<b>Tel Number</b>		<b>Mobile Number</b>	
<b>Email</b>			
<b>Do you have a disability that we made need to consider when communicating with you? If yes please specify below</b>			Yes / No

## Part 1: All About You

Please read the guidance below before completing:

- This section should be completed with the child/young person prior to their annual review.
- **Within Part 1 questions with an asterisk \* must be completed and the rest completed where appropriate.**
- Questions should be differentiated and visual aids used where required. This can be appended to the paperwork if necessary. The child/young person can use a range of resources, eg pictures, drawings, PowerPoints and Videos.

Insert  
Picture

### Looking back over the past year at my education

Has anything happened in your life during the last year that you think was very important? (ie moving house, moving school etc). If Yes, please describe below

- 

\* What worked well and why?

- 

\* What didn't go so well and why?

- 

What are you proud of achieving over the last year and why?

-

## Learning

**\*How do you learn best? (eg quiet environments, 1:1, in a group, with tasks broken into smaller steps with repetition, written instructions, pictures, verbal instructions, or by doing things/hands on)**

- 

## Communication

**\*How do you like to communicate?**

- 

**What makes it difficult for you to communicate?**

- 

**What support would be useful to help you with your communication?**

-

## Social, Emotional and Wellbeing

**\*What do you like about your educational setting?**

- 

**\*What don't you like about your educational setting?**

- 

**Do you need any support with friendships? If so, what do you think might help?**

- 

**Do you need any support to manage how you're feeling? If so, what do you think might help?**

- 

## Sensory and/or Physical

(Please only answer these questions if you have a sensory and/or physical need)

**Do your sensory and/or physical needs impact on your day? If so, how?**

- 

**Do you use any specialist equipment? Is there any equipment you feel may support you (at your educational setting?)**

-

## Self-help, Independence and Keeping Safe

Are you able to organise yourself in lessons? If no, what would make it easier?

- 

Are you able to get around the site on your own?

- 

## Hobbies and Interests

\*What do you like and enjoy doing?

- 

\*What are you good at?

- 

\*What is important to you?

-

## My Hopes and Dreams for the Future

**\*My hopes and dreams**

- 

**Next year I want to be able to...**

- 

**New things I would like to try**

- 

**Did you have help with these answers? If yes, please write their name and relationship to you and explain how they helped.**



## Part 2: Parents' views of the past year and aspirations

Please send this section to parents prior to the review meeting for completion.

**What is working well? (Education)**

**What is not working well? (Education)**

**What is working well? (Outside of Education)**

**What is not working well? (Outside of Education)**

**Our hopes for our child now and in the future**

**Any other comments you wish to make**

### Part 3: Educational Settings' Views

**Please comment on child/young person's progress in Maths, English and other relevant subjects as appropriate**

**What is working well?**

**What is not working well?**

**Any points for discussion**

## Part 4: Progress and Attainment

This part must be completed in full in all cases. Attainment data is forwarded onto the young person's next setting following transitions so as much information is available as possible.

### Foundation Stage

#### Individual Progress Tracker – Early Years

'A best fit judgement indicates the age/stage band which best describes the child's current development – the band where the child is mainly working'

		Prime Areas (Months)								Specific Areas (Months)								
		Personal Social and Emotional			Communication and Learning			Physical Development		Literacy		Maths		Understanding the World			Expressive Art and Design	
Date	Chronological age in months	MR	SCSA	MFB	LA	U	S	MH	HSC	R	W	N	SSM	PC	W	T	EMM	BI

<b>MR</b>	Making Relationships	<b>LA</b>	Listening and Attention	<b>MH</b>	Moving and Handling	<b>W</b>	Writing	<b>PC</b>	People and Communities	<b>EMM</b>	Exploring and using Media and Materials
<b>SCSA</b>	Self-Confidence and Self-Awareness	<b>U</b>	Understanding	<b>HSC</b>	Health and Self-Care	<b>N</b>	Numbers	<b>W</b>	The World	<b>BI</b>	Being Imaginative
<b>MFB</b>	Managing Feelings and Behaviour	<b>S</b>	Speaking	<b>R</b>	Reading	<b>SSM</b>	Shape, Space and Measure	<b>T</b>	Technology		

## Progress and Attainment – KS1 and above

Attainment levels listed below must be gained *independently* (without support), at the end of each year.

This part must be completed in full in *all* cases.

	KS1		KS2			
	1	2	3	4	5	6
English						
Speaking						
Listening						
Reading						
Writing						
Maths						
Science						
Other school assessments						
Reading Age						
Test Used						
Spelling Age						
Other Assessments						

## Progress and Attainment – KS3 and above

Attainment levels listed below must be gained *independently* (without support), at the end of each year

This part must be completed in full in *all* cases

	KS3			KS4	
	7	8	9	10	11
English					
Speaking					
Listening					
Reading					
Writing					
Maths					
Science					
Other school/college assessments					

Year 11 Plus	Expected outcomes or qualifications achieved	Target
Vocational Qualifications		
GCSEs		
A Levels		

## Part 5: Preparing for Adulthood

This section should be completed once the student reaches Year 9 and should focus on independent living skills and student's aspirations for employment or further education

Your targets and aspirations – what is important for the next year – <i>What are you aiming for?</i>				
Study Programme	Employability (work experience)	Personal (Emotional/Behaviour)	Social	Independence
<b>Planned Outcome(s):</b> <i>(These need to be smart and include acquiring skills for potential employment and/or independence)</i>				
<b>Learning and Work:</b>				
<b>Independent Living:</b>				
<b>Community Inclusion</b> (relationships, communication and interaction):				
<b>Future educational placement options (eg further education, apprenticeships etc)</b>				

## Part 6: Changes to Needs

Please read the guidance below before completing

- If reviewing EHCP refer to Section B. If no changes, please leave blank.
- If transferring a Statement to an EHCP, please refer to Part 2 of the Statement. Please annotate and attach Statement and record any additions below.
- Please attach evidence of any changes.

Cognition and learning	
Strengths	Needs
Communication and interaction	
Strengths	Needs
Social, emotional and well being	
Strengths	Needs
Sensory and/or physical needs	
Strengths	Needs
Self-help, independence skills and keeping safe	
Strengths	Needs

## Health Needs reviewed from Section C of the EHCP

Please outline any changes to the child/young person's health needs, if applicable

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## Care Needs

Is there an early help assessment in place?	Yes / No
Does the child/young person attend activities/child care outside of school? If Yes, detail activities below	Yes / No
Do the activities above provide the child/young person time with their peer group?	
What support do they receive from family, friends, community members and other professionals?	
What do the child/young person and family find difficult? What could be done differently to help?	
Is the child/young person vulnerable in the community? Do they feel safe?	
Has the family had any previous or current social care assessments or involvements? If yes, please give details including details of social worker.	Yes / No
Does the family know how to access the Local Offer? (Please see link below) <a href="https://www.somersetchoices.org.uk/family/information-and-advice/somersets-local-offer/">https://www.somersetchoices.org.uk/family/information-and-advice/somersets-local-offer/</a>	Yes / No
Do parents give consent for the Local Authority to contact any professionals currently supporting the family if needed?	Yes / No



## Part 7: Review of Educational Provision to meet agreed outcomes linked to Section F of EHCP

Please only complete if child/young person is in receipt of EHCP. The expectation is that EHCPs will be amended at key phases/transitions so the review paperwork will be appended to EHCPs so any changes to short term outcomes can be recorded.

(Please email [statutoryassessment@somerset.gov.uk](mailto:statutoryassessment@somerset.gov.uk) if you require an electronic copy of the young person's EHCP)

Area of Need	Which outcomes are being reviewed?	What strategies have been used to work towards this outcome?	Has this outcome been achieved?		If outcome is not achieved, please comment on child/young person's progress and whether the outcome remains appropriate	New outcomes (If current outcome has been achieved, please suggest a SMART outcome)
			Yes	No		
Cognition and Learning						
Communication and Interaction						
Social, Emotional and Wellbeing						

Area of Need	Which outcomes are being reviewed?	What strategies have been used to work towards this outcome?	Has this outcome been achieved?		If outcome is not achieved, please comment on child/young person's progress and whether the outcome remains appropriate	New outcomes (If current outcome has been achieved, please suggest a SMART outcome)
			Yes	No		
Sensory and/or Physical (if applicable)						
Self-help independence skills and keeping safe						
Health (If applicable)						
Social Care (If applicable)						

## Part 8: SMART Outcomes for EHC Plan

Please only complete when a student has a Statement which is being converted to an EHCP.

<b>Cognition and Learning</b>
<i>Long term (within 1-5 years):</i>
<i>Short term (12 months):</i>
<b>Communication and Interaction</b>
<i>Long term (within 1-5 years):</i>
<i>Short term (12 months):</i>
<b>Social, Emotional and Wellbeing</b>
<i>Long term (within 1-5 years):</i>
<i>Short term (12 months):</i>
<b>Physical and/or Sensory</b>
<i>Long term (within 1-5 years):</i>
<i>Short term (12 months):</i>

<b>Self-help and independence</b>
<i>Long term (within 1-5 years):</i>
<i>Short term (12 months):</i>

## Part 9: Travel to Educational Setting

How do you get to school?

1. Walk	<input type="checkbox"/>	4. Coach	<input type="checkbox"/>	7. Taxi	<input type="checkbox"/>
2. Bike	<input type="checkbox"/>	5. Minibus	<input type="checkbox"/>		
3. Public bus	<input type="checkbox"/>	6. Car	<input type="checkbox"/>		

What support, if any, can help you become more independent in the future, eg, bus buddies, Duke of Edinburgh Award?

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*Please attach a copy, if in place, of the transport care and management plan.*

Are there any changes needed to the transport care and management plan?      Yes / No

If Yes, please specify, writing on the copy and sending it in with this form.

## Part 10: Contributors to the Review

Role	Name(s)	Invited to review/meeting		Date advice/report received	Attended review meeting		Sent report of review meeting		Additional advice required	
		Yes	No		Yes	No	Yes	No	Yes	No
Child/young person										
Parent(s)/Carer(s)										
Parent(s)/Carer(s)										
SENCO										
Teacher										
Teaching Assistant										
Educational Psychologist										
SEN Casework Officer										
Health										
Social Care										

## Part 11: Additional Information

### Action Plan (Optional)

Action	By whom	By when

### Additional Comments

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#### Is a Personal Budget breakdown requested by parents?

Please note this is only applicable when student is in receipt of an EHC Plan.

Yes / No

## Part 12: Mental Capacity

Young people over compulsory school age have the right to participate in decisions about the provision that is made for them and be consulted about provision in their areas, although there is nothing to stop them asking their parents, or others to help them make the decision. However, some young people, and possibly some parents, will not have the mental capacity to make certain decisions.

The Mental Capacity Act (2005) and the Children and Families Act (2014) set out five key principles relating to those who may lack capacity:

- It should be assumed that everyone can make their own decisions unless it is proved otherwise.
- A person should have all the help and support possible to make and communicate their own decision before anyone concludes that they lack capacity to make their own decision.
- A person should not be treated as lacking capacity just because they make an unwise decision.
- Actions or decisions carried out on behalf of someone who lacks capacity **must** be in their best interests.
- Actions or decisions carried out on behalf of someone who lacks capacity should limit their rights and freedom of action as little as possible.

Please see Annex 1 of the SEN Code of Practice for more information.

## Part 13: Signatures

Child/young person

Parent/Carers

Headteacher/  
Lead Professional

Review Facilitator

Date

### Documents that MUST be attached

Is this included?  
(Please ✓)

One Page Profile or equivalent	
A copy of the timetable or provision map	
Evidence of Plan, Do, Review process	
PEP or Review of PEP (for looked after children)	
Other reports as applicable	
Copies of all written advice submitted for this review	
Medical Care Plan	
Copy of EHCP	

Please return a signed electronic copy to the SEND Casework mailbox within 2 weeks of the meeting. Please email [statutoryassessment@somerset.gov.uk](mailto:statutoryassessment@somerset.gov.uk) clearly stating the type of Annual Review.