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| **EHC Plan Annual Review Report** | | | | | |
| **Meeting date** |  | | | | |
| **Annual Review checklist** | | | | | |
| CYP Name |  | | Date Of Birth |  | |
| School name |  | | | | |
| Change in funding required? If Yes, please give detail in the summary of discussion | | Yes  No | | | |
| **Please tick to confirm proposed additions in bold and proposed deletions are struck through.** | | | | | |
| Parent/carer contact details are current. | | | | |  |
| Pupil’s views updated see templates. | | | | |  |
| Parent/Carer views updated see template. | | | | |  |
| Section B updated based on review of outcomes and professionals’ reports. | | | | |  |
| Attainment data updated. | | | | |  |
| Sections C & D updated. | | | | |  |
| Preparation for Adulthood updated (from year 9). | | | | |  |
| Additional Professionals reports should be [sent](mailto:ehcp@milton-keynes.gov.uk?subject=2023%20-%202024%20Annual%20Review%20Report) with this report and amended EHC plan. Please give name of service (e.g. SLT, CAMHS, OT, Social worker) and the date of report. | | | | |  |
| Summary of discussion to be used setting out any difference between recommendations and recommendations of others attending the meeting, detailing reasons for recommending ceasing the plan or if there is a request for a change in funding, or additional provision based on reports. | | | | |  |

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| **Summary of discussion** |
| (to be used setting out any difference between recommendations and recommendations of others attending the meeting, detailing reasons for recommending ceasing the plan or if there is a request for a change in funding, or additional provision based on reports) |