|  |
| --- |
| **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 template. | [ ]  |
| 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 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. | [ ]  |

|  |
| --- |
| **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) |