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| leicester CC logo**Education, Health and Care**  **Plan Review** | |
| Child or young person’s name: | |
| Date of review | |
| Current school/college/setting: | |
| Date of Birth | NC Year |
| Name(s) of Parents/Guardians | |
| Recommendations from the review meeting (please tick one only): | |
| 1. The Plan continues to be appropriate and no significant  amendments are recommended | |
| 2. The school/college setting remains appropriate but other  amendments to the Plan are recommended | |
| 3. Is any change of school/college/setting anticipated:  a) Because the child or young person is approaching transfer  to next phase  b) Because the child or young person’s needs have changed | |
| 4. It is recommended that the Local Authority should undertake a  re-assessment of the Plan | |
| 5. It is recommended that the Local Authority should cease to maintain  the Plan | |
| Signature of person chairing the meeting \_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­  Please return to Special Education Service, Education and Children’s Services, Leicester City Council, York Road, Leicester, LE1 5TS and copy to all invited to the review meeting. | |

**1. Who took part in the review**

|  |  |  |
| --- | --- | --- |
| Name and designation | Written Report Submitted (YES/NO) | Attended Review Meeting  (YES/NO) |
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| Others invited and apologies received, if any |

**2. Review of the child or young person’s progress towards achieving outcomes identified in the Plan and action planning for future progress**

2a. What we like and admire about……

2b Good things that have happened since the last review including progress

towards achieving outcomes (to include review by the school/college/setting of the targets and actions from the current Implementation Plan as well as reports by professionals)

The school/college/setting should also report the child or young person’s year on year academic progress including National Curriculum attainment where relevant:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **National Curriculum attainment** | | |
|  | Last review | Current review | progress |
| Reading |  |  |  |
| Writing |  |  |  |
| Maths |  |  |  |
| Science |  |  |  |

2c What is working well and what is not working well from the point of view of:

* the child or young person
* the family
* school or setting
* others

2d What’s important now and what is important in the future for the child or young person with respect to:

* Good health
* Education, learning and work
* Independent living
* Friends, relationships and community

2e Questions to answer / issues to resolve (to be carried forwards as actions in the next Implementation Plan)

**3. Review of the plan**

*Where there is no change, please record this as ‘none’.*

*Significant changes means changes that are additional to and/or different from that which has already been identified.*

*Where detailed amendments to the wording of the plan are recommended, these are best recorded on a photocopy of the current plan. Where there is a difference of view as to recommended changes, please record this making it clear who is saying what.*

3. Changes to address and/or contact details

3a Significant changes in the child or young person’s views, interests and aspirations (part A of the plan)

3b Significant changes in the child or young person’s special educational needs (part B of the plan)

3c Significant changes in the child or young person’s health needs (part C of the plan)

3d Significant changes in the child or young person’s social care needs (part D of the plan)

3e Significant changes in the outcomes that have been identified for child or young person (part E of the plan).

*Where the child or young person has just moved into a new stage/phase, please advise on new outcomes to support the child or young person to make a successful transition to the next stage or phase. For young people in Y9 and above, outcomes should focus on preparing for adulthood.*

3f Significant changes in the special educational provision that the child or young person requires to achieve their outcomes (part F of the plan)

3g Significant changes in the child or young person’s health provision (part G of the plan)

3h Significant changes in the child or young person’s social care provision (part H of the plan)

3j Significant changes to Personal Budgets arrangement (part J of the plan)

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| **4. Planning for EHC Plan outcomes identified for the child or young person: (up to 14)** | | | | |
|  | **Long term outcomes (What are the long term outcomes from the C&YP’s EHC Plan and where are we now?)** | **Annual targets (What will the C&YP be able to do in 12 months time?)** | **Support to achieve outcomes (What facilities, equipment, staffing/ curriculum arrangements, support from outside agencies and from family/community will the C&YP require to achieve this?)** | **Monitoring and review (How will the C&YP’s progress be monitored and reported?)** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
|  | | | | |
| **Planning for any other actions agreed at the EHC Plan review:** | | | | |

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| **4. Planning for EHC Plan outcomes identified for the young person: Preparing for Adulthood Phase (14+)** | | | | | | | |
| **NAME:**  name  **Year Group:**    **D.O.B:**    **SCHOOL:** | **LONG TERM OUTCOMES**  direction | **Targets – NEXT 12 MONTHS** | **WHAT SUPPORT I WILL NEED?**  support | **WHO WILL HELP ME?**  ideal%20person%20-%20trust1%20132 | **MONEY £**  money | **CHECKING**  **self dertermination** | **IMPORTANT MESSAGES ABOUT MY FUTURE** |
| The things that are important to me / the things I want to achieve for my future | The things I want to achieve before my next review | Who will help me?  This could be help in school, from others, equipment or other things | How?  The name of the person / people and their role | Any funding that I am entitled to, to support me with my goals | Who will check the actions agreed in my plan | We will tell people who provide future support and opportunities what I will need |
| **EDUCATION LEARNING AND WORK** |  |  |  |  |  |  |  |
| community life  **FRIENDS, RELATIONSHIPS & COMMUNITY OPPORTUNITIES** |  |  |  |  |  |  |  |
| **home**  **INDEPENDENCE AND HOUSING**  **PLANNING FOR GOOD HEALTH** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| ANY OTHER ACTIONS WE AGREE TODAY | person**WHO WILL DO THIS** | | **targetWHAT** | | | * **BY WHEN** | |
|  | |  | | |  | |

**5. Review of SEND transport**

Children or young people with SEND will receive SEND transport where they live further than the statutory distance from their school (statutory distance is defined as 2 miles for a child under 8 years of age and 3 miles for a child aged 8 and older).

Some children or young people with SEND who live within the statutory distance from their school will receive SEND transport based on SEND needs, ie:

* Long term severely restricted independent mobility due to physical disability or a medical condition resulting in severe persistent pain and/or extreme fatigue
* Long term restricted mobility due to a medical condition resulting in serious persistent health and safety risks
* Impairment resulting in severely restricted oral communication
* Severely restricted mobility due to a sensory impairment
* Cognitive abilities within the range associated with severe learning difficulties
* Severe behavioural emotional and/or social difficulties in comparison with other children of their age

5a Does the child or young person receive SEND transport? YES/NO\*

5b Do they receive this on because they live further than the YES/NO\* statutory distance from school and/or

5c Do they receive this on based on SEND needs? YES/NO\*

5d Where the child or young person receives SEND transport YES/NO\* based on their SEND needs, do they continue to need this?

5c If yes, please provide information about their ongoing needs including relevant updated professional reports

5d Have they received independence travel training? YES/NO\*

5e What was the outcome of this for the child/young person’s independence?

\* Please delete that which does not apply