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| leicester CC logo**Record of the**  **Transfer Review** | | | |
| Child or young person’s name: | | | |
| Date of transfer review | | | |
| Current school/college/setting: | | | |
| Date of Birth | NC Year | | |
| Name(s) of Parents/Guardians | | | |
| Recommendations from the transfer review meeting (please tick one only): | | | |
| 1. The needs and provision described in the Statement continue to be appropriate  and can be converted to a Plan along with additional information about the  child/young person’s views, outcomes and a personal budget. | | | |
| 2. The school/college/setting remains appropriate but amendments are  recommended as part of the conversion of the Statement to a Plan | | | |
| 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 LA should undertake an assessment of education,  health and care needs | | | |
| 5. It is recommended that the LA should cease to maintain the Statement | | | |
| 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 transfer review** | |  |  |
| **Name and designation** | | Attended Review Meeting  (YES/NO) | Written Report Submitted (YES/NO) |
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| **Others invited and apologies received, if any** |
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| **Like and admires about** |
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A transfer review is a one off meeting where a statement of Special Educational Needs (SEN) is converted into an Education, Health and Care (EHC) plan. This is done as part of the annual review of the statement. The new EHC plan is based on updated information about the child or young person’s education, health and care needs and provision as well as information about their views, interests and aspirations and those of their parents/carers for them. It should also contain outcomes for the child or young person and the appropriate information about personal budgets and educational placement.

**2. Review of progress and co-writing the Plan**

**2a The child or young person’s views, interests and aspirations and those**

**of their parents/carers.**

**2b The child or young person’s current special educational needs.**

**2c The child or young person’s health needs**

**2d The child or young person’s social care needs**

**2e The outcomes that are important for the child or young person**

**2f Special educational provision required by the child or young person**

**2g Health provision required by the child or young person**

**2h Social care provision required by the child or young person**

**2i The child or young person’s setting/school/college**

**2j Personal budget**

**2k Questions to answer / issues to resolve**

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| **3. 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?)** |
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| **Planning for any other actions agreed at the EHC plan review:** | | | | |

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| **3. 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** | |
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**4. 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