

Education Health and Care Plan Annual Review: Annex 2 Form

Please complete within 14 days of the annual review meeting and return to ehcp.annualreview@leicester.gov.uk.

Child or Young Person’s Name:

Stud ID:

Date of Review Meeting:

Current school/college/setting:

**Name(s) of those with parental responsibility and their current address:**

| **Name** | **Parental Responsibility** | **Current Living Address**  | **Email address** | **Tel No./Mobile No.** |
| --- | --- | --- | --- | --- |
|  | Child/Young Person |  |  |  |
|  | Mother |  |  |  |
|  | Father |  |  |  |
|  | Carer/Guardian |  |  |  |

**Does this person give permission for their email address to be used for correspondence and stored by Leicester City Council?**

| **Name** | **Yes/No** |
| --- | --- |
|  |  |
|  |  |
|  |  |

Please highlight Yes or No to confirm which of the following apply:

|  |  |  |
| --- | --- | --- |
| A personal budget is being requested? | Yes | No |
| Travel options including Personal Transport Budgets have been discussed with parents/carers. | Yes | No |
| Travel training has been discussed with the child/young person and their parent/carer.All young person Year – 9 onwards should receive travel training.Date of travel training: | Yes | No |
| Information about an Early Help Assessment has been offered to parents at the meeting.Confirm the date of offer: | Yes | No |
| Preparing for Adulthood has been discussed at the meeting. | Yes | No |
| The Independent Checklist (Y9 +) has been completed and returned. | Yes | No |
| The recommendations from this meeting have been discussed with the child/young person and parents/carers. | Yes | No |

Post-16 Courses applied for/being studied. Please provide information below:

|  |  |
| --- | --- |
| **Name of the course:** |  |
| **Duration of the course:** |  |
| **Certification gained at end of the course:** |  |

**Action Plan:**

| **ACTIONS AGREED TODAY** | **WHO WILL DO THIS** | **WHAT** | **WHEN** |
| --- | --- | --- | --- |
| E.g. Book independent travel support. | SENCO to arrange. |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Please refer to the below to ensure you are returning the following paperwork:**

* Annual Review Form (Annex 2)
* Annotated Plan
* Current attainment levels
* Progress towards outcomes
* Independence Check List
* Preparation for adulthood
(*education, learning and work/friendships, relationships and community opportunities / independent living / good health)*
* Meeting Notes
* Written Reports (EP / Health / Social Care etc).

***Changes to health and social care can only be made when reports are provided by relevant professionals or have been agreed by them in the annual review meeting.***

**Name of person returning this form:**

**Contact Details:**

**Date:**

**Transport:**

**If ticked yes above regarding a Personal Transport Budget, I can confirm the below has been shared with parents – Y/N**

Personal Transport Budget

A Personal Transport Budget is a payment designed to help you to get your child to and from school. This payment is available to children and young people with special educational needs and disabilities (SEND) who have been assessed as eligible to receive Home to School transport by Leicester City Council. If you feel as though you and your child are eligible for this or would like to find out more information, please refer to the Leicester City Local Offer, visit:[families.leicester.gov.uk/personal-transport-budget](https://families.leicester.gov.uk/personal-transport-budget/)