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| **Education, Health & Care Plan -Annual Review Contribution**  This advice is provided on the child/young person in relation to the terms of the Children and Families Act 2014 (Section 36) and of the SEND Regulations 2014 (Part 2 - Section 6, 7 and 8). ***Please indicate with ‘n/a’ if the box heading is not relevant to your direct involvement with the child / young person.*** | | | | | |
| **Child / Young Person Information** | | | | | |
| Full name |  | Date of birth | | |  |
| Home address |  | Contact details | | | Tele:  Email: |
| Educational placement |  | NC year group | | |  |
| Gender |  | Home language/s | | |  |
| GP surgery and address |  | NHS number | | |  |
| *Following information will usually be provided by social care teams.* | | | | | |
| Is the Child in Care (CiC)?  Yes /No | If yes, the allocated social worker to indicate arrangements under:  Interim Care Order  Care Order  Voluntary Arrangements | | Is the Child/young person on a Child in Need Plan?  Yes /No | Is the child/young person on a Child Protection plan?  Yes /No | |
| Which legal framework is the social care support/provision provided under? | | | Chronically Sick and Disabled Persons Act (CSDPA)  Children Act 1989  Care Act 2014 | | |
| Does the child/young person have an  independent advocate? | | | Yes **/** No  *If yes, please provide name and contact details* | | |

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| **Professional Information** | |
| Name: | Signature: |
| Role: | Date: |
| Service/Team name: | Email Address:  Telephone number: |

**Please use this form to comment on aspects of the child/young person’s development of which you have direct knowledge and experience.** **You are requested to give detailed information regarding any identified needs, objective evidence and provide the results of any assessments or examinations, with dates, under the headings provided.** **If you are basing your evidence on reports from other sources, please make this clear in your advice.**

| **Part 1: Background information**  *Provide any updates around relevant history, the current support in place, and the reason for your involvement with the child / young person.* |
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| **Part 2: Views and aspirations** |
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| **Child / young person interests, goals, thoughts on progress and future aspirations etc.** |
| **Are there any changes recommended to View and aspirations:** Yes /No |
| How the child/young person communicates, express their wishes and take part in decision making: |
| Things the child/young person likes and dislikes: |
| Things the child/young person say are going well and not going so well: |
| What the child/young person says their plans/goals are: about future jobs, learning living arrangements and friendships etc: |
| **Parent(s) / Carer(s) views on progress, goals and aspirations** |
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| **Part 3: Assessment Details / Views on Progress towards the Outcomes**  *Include details of any update on observations, assessments other sources/reports used to summarise your findings.* | |
| **Are there any changes from the assessments/observations undertaken? Yes  / No**  Please provide updates: | |
| **Current EHCP Outcomes (Section E)** | **Progress** (Achieved, partially achieved or ongoing) |

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| **Part 4: Strengths & Special Educational Needs**  *Please add any new or amendments - Professionals are only required to provide information on strengths and needs for areas directly assessed in their capacity.* **Please refer to the last finalised EHCP and review if changes need to be made to the EHCP and if so, record here.** | |
| **If the child is under 13 years, please provide details on the below: Are there any changes to strengths and SEN? Yes  / No** | |
| 1. **Communication and Interaction-** use and understanding of language and social interactions | |
| **Strengths / what is working well** | **Difficulties and impact on their leaning** |
| *Use of language, Understanding of language, social interaction* | *Use of language, Understanding of language, social interaction* |
| 1. **Cognition and Learning -** attention & listening, academic abilities, confidence with learning | |
| **Strengths / what is working well:** | **Difficulties and impact on their learning** |
| *Attention & listening, academic skills, cognitive abilities, resilience & confidence with learning.* | *Attention & listening, academic skills, cognitive abilities, resilience & confidence with learning.* |
| 1. **Social, Emotional and Mental Health –** social communication, friendships/relationships, emotional literacy/regulation | |
| **Strengths / what is working well:** | **Difficulties and impact on their learning** |
| *Social communication, friendships & friendships, emotional regulations/relationships, mental health* | *Social communication, friendships & friendships, emotional regulations/relationships, mental health* |
| 1. **Sensory and Physical –** sensory difficulties,gross motor, fine motor, sensory processing, and independence & self care | |
| **Strengths / what is working well:** | **Difficulties and impact on their learning** |
| *Gross & fine motor skills, sensory, independence & self-care to include eating, toileting, and awareness of dangers.* | *Gross & fine motor skills, sensory, independence & self-care to include eating, toileting, and awareness of dangers.* |
| **If the child/young person is 13 years of age/above, please consider their Preparation for Adulthood**: [Council for Disabled Children - PfA](https://councilfordisabledchildren.org.uk/resources-0/preparing-adulthood/preparing-adulthood-and-annual-reviews) [NDTI - PfA Resources](https://www.ndti.org.uk/resources/preparing-for-adulthood-all-tools-resources) . | |
| **Are there any changes to Strengths & SEN related to their PfA: Yes  /No** | |
| 1. **Education, employment & training –** use & understanding of language, attention & focus, academic skills and careers choice & planning | |
| **Strengths / what is working well** | **Difficulties and impact on their learning** |
| *use and understanding of language, academic skills, attention & focus and Career choice* | *use and understanding of language, academic skills, attention & focus and Career choice* |
| 1. **Independent living –** Taking care of self, independent travel, organisation skills, making choices, keeping safe | |
| **Strengths / what is working well:** | **Difficulties and impact on their learning** |
| *Self-care, travel/using public transport, making choices about living, managing technology safely* | *Self-care, travel/using public transport, making choices about living, managing technology safely* |
| 1. **Friends, relationships and community participation –** social communication, maintaining relationships, participation in activities | |
| **Strengths / what is working well** | **Difficulties and impact on their learning** |
| *Friendships- social communication and interaction, understanding relationships/social norms, clubs & participation* | *Friendships- social communication and interaction, understanding relationships/social norms, clubs & participation* |
| 1. **Good health –** emotional regulation, sensory, gross & fine motor skills, advocating for own health | |
| **Strengths / what is working well** | **Difficulties** **and impact on their learning** |
| *Emotional regulation and mental health, sensory, gross & fine motor skills, managing own health* | *Emotional regulation and mental health, sensory, gross & fine motor skills, managing own health* |

| **Part 5: Health – Are there any changes related to the child/young person’s health needs assessed by Health? Yes  / No** | |
| --- | --- |
| **Strengths / what is working well** | **Difficulties and impact of their health needs on their learning** |
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| **Part 6: Social Care – Are there any changes related to the child/young person’s social care need? Yes  / No** | |
| --- | --- |
| **Strengths / what is working well** | **Difficulties and impact on learning and social interactions** |
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| **Part 7: Recommended New or amended Outcomes and Provision: Are there any changes to the outcomes and or provision from your service? Yes  / No** | | | |
| --- | --- | --- | --- |
| **New or amended Outcomes.** *To be achieved by MM/YYYY / by the end of Key Stage X* | **Provision- new or amended** | | |
| **State what the intervention is** | **Who will deliver the intervention, how often and how long for?** | **When it will be reviewed and by who?** |
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*Add as required.*

**Summary/recommendations to the education setting from the service to support the child/young person’s short term plan:**

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Please return this completed form and supporting evidence to [sen@hounslow.gov.uk](mailto:sen@hounslow.gov.uk)

April 2024