

## Education Health and Care (EHC) Plan Review



<b>Date of final EHC Plan</b>		<b>Date of this review meeting</b>	
<b>Date of last review meeting</b>		<b>Chair/facilitator</b>	

<b>Name</b>	
<b>DOB</b>	
<b>Gender</b>	
<b>UPN</b>	
<b>NHS Number</b>	
<b>Address</b>	
<b>Postcode</b>	
Is this address in the administrative county of Derbyshire?    Yes    No	
Has the address changed since last Review?    Yes    No	
<b>School Name And Address</b>	
<b>DfES number</b>	
<b>Year group</b>	
<b>Attendance (%)</b>	

<b>Parent/carers name</b>	
<b>Address</b>	
<b>Telephone number</b>	
<b>Relationship to young person</b>	
<b>Parent/carers name</b>	
<b>Address</b>	
<b>Telephone number</b>	
<b>Relationship to young person</b>	
<b>Legal orders</b>	
<b>Would you advise the Local Authority to amend the EHC Plan?</b>	Yes      No
<b>Would you advise the Local Authority to cease the EHC Plan?</b>	Yes      No

## Services involved

### Education

Name	Role	Agency	Contact details	Present at Review	Report submit? Yes	Report submit? No





**Section A – Young person and Parent/carers Views**

Please summarise the young person's and parent/carers views of the past year's progress and their hopes for the future. If the young person already has a One Page Profile in school then please ensure this is up to date and submit a copy with the review paperwork.

**Young person's views**

<b>What's working well for me</b>	<b>What I am worried about</b>	<b>What needs to happen, any suggestions for change?</b>	<b>Hopes for now and the future</b>

**How I communicate best and what help I need:**

- 
- 
- 

**What people like and admire about me:**

- 
- 
- 
- 

**What is important to me now:**

- 
- 
- 
- 

**Picture or additional photo**

Please insert a current photo of me to be included in my EHC Plan.

(This will only be updated if amendments are agreed by the Local Authority)

**Picture or additional photo**

Please insert a current photo of me to be included in my EHC Plan.

(This will only be updated if amendments are agreed by the Local Authority)

# My One Page Profile

**My goals and aspirations:**

**Short Term**

- 
- 
- 

**Long Term**

- 
- 
- 

**What's not working well for me:**

- 
- 
- 
- 

**What would make things better?**

- 
- 
- 
- 

**What I like doing in school:**

- 
- 
- 
- 

**Out of school**

- 
- 
- 
-

## Parent/carers views

<b>What's working well?</b>	<b>What are we concerned about?</b>	<b>What will 'good' look like? What needs to happen, any suggestions for change?</b>	<b>Hopes for now and the future</b>

## Section B - My Special Educational Needs

NB Please ensure the reasons and evidence for proposed changes are clearly documented below and supporting evidence/reports are submitted with the review paperwork.

### Communication and Interaction Needs

**Special Educational Needs**

Have there been any changes in my special educational needs or new needs identified since the last review / stated in my EHC Plan?

### Cognition and Learning Needs

**Special Educational Needs**

Have there been any changes in my special educational needs or new needs identified since the last review / stated in my EHC Plan?

### Social, Emotional and Mental Health Needs

**Special Educational Needs**

Have there been any changes in my special educational needs or new needs identified since the last review / stated in my EHC Plan?



## Physical and Sensory Needs

### Special Educational Needs

Have there been any changes in my special educational needs or new needs identified since the last review / stated in my EHC Plan?

## Section C – My Health Needs related to my SEN

NB: Please submit health documentation to support any recommendations for changes to be made in the health section of the EHC Plan

## Health Needs

### Health Needs

Have there been any changes in my health needs or new needs identified since the last review / stated in my EHC Plan?

## Section D – My Social Care Needs related to my SEN

NB: Please submit social care documentation to support any recommendations for changes to be made in the Social Care section of the EHC Plan

## Social Care Needs

### Social Care Needs

Have there been any changes in my social care needs or new needs identified since the last review / stated in my EHC Plan?

## Section E AND F – My Outcomes and Special Educational Provision

NB Please submit an up to date costed provision map with the returned documentation.

NB: Please put a copy of all “Pre review paperwork” as attachments and also the young person’s attainment data showing progress since the last review against each Outcome.

For Year 9 and above Please review each outcome with a view to preparing for adult hood. Note the young person’s aspirations with regard to Employment, Independent living, Community Inclusion and Health

Current outcome number (Please review all outcomes)	Progress against outcome (Refer to the scaling system 1-5)	Please tick appropriate recommendation for outcome			Recommendations for further outcomes Do my Outcomes need to change or be amended? (Please refer to professionals advice documented in review reports)	Provision required to meet suggested outcomes (Please refer to professionals advice documented in review reports)
		Maintain	Remove	New or amend outcome		



**Preparing for adulthood – What are the young person’s Plans for adulthood?**

Please refer to the preparing for adulthood outcomes, Employment, Independent living, Community Inclusion and Health.

## Section G - Health provision

NB Please submit health documentation to support any recommendations for changes to be made in sections G of the EHC Plan

<b>Health</b>						
<b>Current outcome number</b> (Please review all outcomes)	<b>Progress against outcome</b> (Refer to the scaling system 1-5)	<b>Please tick appropriate recommendation for outcome</b>			<b>Recommendations for further outcomes</b> Do my Outcomes need to change or be amended? (Please refer to Health advice documented in review reports)	<b>Provision required to meet suggested outcomes</b> (Please refer to Health advice documented in review reports)
		Maintain	Remove	New or amend outcome		



## Section H – Social Care provision

NB: Please submit social care documentation to support any recommendations for changes to be made in section H of the EHC Plan

<b>Social Care</b>						
<b>Current outcome number</b> (Please review all outcomes )	<b>Progress against outcome</b> (Refer to the scaling system 1-5)	<b>Please tick appropriate recommendation for outcome</b>			<b>Recommendations for further outcomes</b> Do my Outcomes need to change or be amended? (Please refer to Social Care advice documented in review reports)	<b>Provision required to meet suggested outcomes</b> (Please refer to Social Care advice documented in review reports)
		Maintain	Remove	New or amend outcome		





## Section J – Personal Budget Arrangements

Is there Personal Budgets in place?    Yes    No    (if so please include up to date information)

Who is responsible for the Personal Budget?                      Education                      Health                      Social Care

If there has been a request for a PB/PHB, but the answer has been “No”, has there been a written explanation given as to why?  
Yes                      No

**Please give details of any Personal Budgets in place**

(Including who provides the budget education/health/social care. How much the budget is for. What provision the budget provides and the outcomes in the EHC Plan this meets. Any planned review dates for the budget)

Signed

Position

Date