

## Education Health and Care (EHC) Plan Review

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

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

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

## Services involved

### Education

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

Health

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

## Social Care

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

Please Note: A reviewing grid must be sent out with the invitations for professionals to attend at least six weeks before the reviewing date. If professionals are unable to attend then the reviewing grid and/or an up to date report should be returned to school for distribution two weeks prior to the set date for the meeting and contain all the information needed to show progress against Outcomes named within the plan and any plans for future provision.

A follow up letter to be sent as response by the school to those professionals who do not respond or attend review

(Item 9.169 of the Code of Practice states "Professionals across education, health and care **must** co-operate with local authorities during EHC Plan reviews")

## 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

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

**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)

# My One Page Profile

**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 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

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

## 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

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



## 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

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





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

<p><b>Please give details of any Personal Budgets in place</b></p> <p>(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)</p>

Signed    Position    Date