

EHC Plan Statutory Review Meeting Record

Please submit this record electronically with the supporting evidence within two weeks of the review meeting to sencasework@durham.gov.uk

Section A: Personal details			
Child or young person's name:			
Current school/setting:	Is this an Out of County (Durham) school? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date of Birth:		Age:	
Address:			
Name(s) of parents/carers:			
Address (if different from above):			
Telephone:			
Email:			
Date of review meeting:			
Is the child or young person looked after?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Recommendations from the review meeting: (to be considered at the end of the meeting)	
	Please tick
1. The LA should cease to maintain the EHC Plan	<input type="checkbox"/>
2. The LA should undertake a re-assessment (exceptional circumstances)	<input type="checkbox"/>
3. A change of provision is anticipated because:	
a) The child /young person is approaching a transfer to their next phase.	<input type="checkbox"/>
b) There are significant changes in C/YP's needs/possible change of provider. APPENDIX 2 must be completed & supported by professional advice.	<input type="checkbox"/>
4. Amending an existing plan:	
a) Current EHC plan shows relevant tracked changes.	<input type="checkbox"/>
b) There is a change to the cost of provision.	<input type="checkbox"/>

Attendees invited and/or written update requested:					
Name	Designation/Team	Attended meeting		Update received	
		Y	N	Y	N
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary of discussion (including parent/carer/child/young person's views)

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Current attainment (*It is preferable if this is added to Section B of the Plan (Cognition & Learning)

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If increase in funding, give explanation of what this will be used for

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Forward transition planning for Y5/Y10 reviews

Parent/carer views on Y7/Post 16 provision:

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Actions from meeting (include What/Who/When)

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Documents that must accompany this review record		Please tick
1. EHC Plan with all tracked changes completed	<input type="checkbox"/>	
2. Individual learning plans detailing short-term targets and progress made over the year	<input type="checkbox"/>	
3. Fully completed & up to date costed provision map (mainstream schools)	<input type="checkbox"/>	
4. Appendix 1 Consent Form (scan separately)	<input type="checkbox"/>	
5. Specialist reports from the last year which support school provision. (Must be sent to demonstrate significant changes within EHCP)	<input type="checkbox"/>	
6. In addition Appendix 2 must be completed for: <ul style="list-style-type: none"> • Significant changes in the child/young person's needs, which <i>may</i> result in a change of provision. 	<input type="checkbox"/>	
*N.B. The LA will request an individual timetable if Section F of the plan is not fully quantified		
If Health or Care reports <u>not</u> received, please note details below:		
Health (specify person/teams)	Date requested:	
Care (specify person/teams)	Date requested:	

Appendix 1 Consent and privacy notice

For further information regarding how we will handle personal and sensitive information following the annual review please refer to Durham County Councils Privacy Statement below.

Durham County Council Privacy Statement

Durham County Council complies with all relevant statutory obligations. Personal information processed by the Council will be handled in accordance with the Council's privacy statement, which can be accessed at <http://www.durham.gov.uk/dataprivacy>

The SEND privacy notice provides more specific information on the data collected and how it is handled, a copy of which can be accessed at <http://www.durham.gov.uk/media/24795/Privacy-notice-special-educational-needs-support/pdf/PrivacyNotice-SpecialEducationalNeedsSupport.pdf>

If you have any concerns about how your data is handled, please contact either the Data Protection Officer at DPO@durham.gov.uk or the Information Commissioner's Office casework@ico.org.uk

Signature of person chairing the meeting:	
Parent/carer/young person signature:	

N.B. If the signatures are not electronic, this document should be scanned separately and sent with all other annual review documents to sencasework@durham.gov.uk

Appendix 2

Significant change of need/possible change of educational provider

Attendance	Current:	Previous year:
Details of fixed term, permanent exclusions, part time timetable, managed moves or alternative provision over the last year		

Tell us how the child/young person's needs have changed within the last year:
<ul style="list-style-type: none"> Cognition and Learning: Communication and interaction: Social Emotional and Mental Health: Physical and Sensory:

Tell us what you have done to support the child/young person within the last year:

Tell us about the impact of your actions/interventions within the last year:

Please indicate support service/agency involvement within the last year (please attach all reports)			
Educational Psychology	<input type="checkbox"/>	Paediatric Health	<input type="checkbox"/>
LA Autism Spectrum team	<input type="checkbox"/>	CCG Speech & Language	<input type="checkbox"/>
LA Cognition & Learning team	<input type="checkbox"/>	CCG Occupational Therapy	<input type="checkbox"/>
LA Speech & Language team	<input type="checkbox"/>	CCG Occupational Therapy	<input type="checkbox"/>
LA Assistive Technology	<input type="checkbox"/>	Health Visitor/School Nurse	<input type="checkbox"/>
LA Behaviour Intervention team	<input type="checkbox"/>	Early Help (One Point)	<input type="checkbox"/>
LA EWEL team	<input type="checkbox"/>	Social Care or Youth Justice team	<input type="checkbox"/>
LA Counselling team	<input type="checkbox"/>	Other- specify	<input type="checkbox"/>

LA Virtual School for CLA	<input type="checkbox"/>	Other- specify	<input type="checkbox"/>
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Tell us how you have implemented the strategies from the support services above and what impact they have had:

If school believes that a change of provision is required, describe in detail why you are unable to meet the pupil's special educational needs:

Parent/carer/young person's views about current provision and possible next steps:

Signature & designation of person completing this document:	
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Parent/carer/young person signature:	
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