**Health/Therapy Advice and Information – Review of EHC Plan**

The EHC Plan must be reviewed by the Local Authority as a minimum every 12 months. Schools and settings are required to seek advice and information about the child and young person prior to the meeting from all parties invited.

**The Annual Review must focus on the child or young person’s progress towards achieving the outcomes specified in the EHC Plan.**

(See guidance for completing this advice and information).

|  |  |  |  |
| --- | --- | --- | --- |
| **Child / Young Person’s Details** | | | |
| Name |  | Date of Birth |  |
| Home Address |  | | |
| School / Setting Name and Address |  | NHS Number |  |

|  |
| --- |
| **Any updates on background information or new needs** |
|  |

|  |  |  |
| --- | --- | --- |
| **Progress made against outcomes in current EHCP.** | | |
| Outcome | Progress made | Achieved? |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **New Recommendations** | | |
| Section B/C:  CYP’s health needs and how they impact CYP | Section F/G:  CYP’s health provision required to meet CYP’s health outcomes | Section E:  Outcomes sought for CYP linked to their aspirations |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DETAILS OF PROFESSIONAL COMPLETING THE ADVICE** | | | | |
| Name |  | | Role |  |
| Service / Health Trust |  | | Countersigned / QA (where applicable) |  |
| Email Address |  | | Telephone number |  |
| Signature |  | Date advice completed | |  |

**Please return this completed advice and information to the school/institution in sufficient time to enable the key person to circulate it at least two weeks before the review meeting.**

**Cc: Parents.**