**Education Advice and Information – Review of EHC Plan**

The EHC Plan must be reviewed by the Local Authority as a minimum every 12 months. School and institutions are required to seek advice and information about the child and young person prior to the meeting from all parties invited. The review must focus on the child or young person’s progress towards achieving the outcomes specified in the EHC Plan. The local authority must take into account the views, wishes and feelings of the parent or young person, advice and information from a range of education, health and social care professionals as detailed in Section 8.7 of the Code of Practice for Special Educational Needs 0-25 (2015).

|  |  |
| --- | --- |
| 1. **Child/Young Person’s Information**
 |  |
| **Child/Young Person’s Name**       | **Date of birth**       |
| **Address**       | **Name of setting/school**       |
| 1. **Background Information**
 |
|  |
| 1. **Views and Aspirations**
 |
| **Child/Young Person’s views and aspirations** |
| **Parent/Carers views and aspirations** |
| 1. **Review of Progress, Outcomes and Targets – \*delete headings as appropriate**
 |
| **Communication and interaction****Cognition and learning****Social, emotional and mental health difficulties****Sensory and/or physical needs****Employment** **Community Inclusion****Independent Living****Health** |
| 1. **Review of Educational Provision and Support**
 |
| **Please comment on the effectiveness of the current provision identified in the plan.** |
| 1. **Recommendations**
 |
| **To include any suggested new outcomes.****Please state clearly if amendments to the plan are required.****Year 9 onwards must include** after consultation with those at the Review, suggested new preparing for Adulthood Outcomes\*:-Employment and related skillsCommunity InclusionIndependent LivingHealth |

|  |  |
| --- | --- |
| **Name/ title of person completing the advice**       | **Service/ Agency**       |
| **Address**       | **Contact Number**      **Email Address**       |
| **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.**

\* **Employment and lifelong learning** (e.g. functional literacy and numeracy, specific study programme); **community inclusion** (e.g. making use of services as needed; maintaining and extending friendships outside of the educational setting; social communication skills); **independent living** (e.g. transition to adult social care if appropriate; key skills in developing independence); **Health** (e.g. reference to managing/understanding own health needs, transition to adult services).