Annual review guidance on how to complete the review form (information needed in each section)





enables the document to be more user friendly and take you to the parts of the document required. Press ctrl+click on the item to jump to the relevant section My information Add CYP's information: Surname Forename	Form Section	Guidance on how to complete the review form (information needed in each section)
Surname Forename	Contents page	This page has hyperlinks to the relevant sections in the review document. This enables the document to be more user friendly and take you to the parts of the document required. Press ctrl+click on the item to jump to the relevant section.
DOB Gender Ethnicity Mark yes or no to whether there are any changes to the CYP/family information. Add contact information: CYP telephone number* CYP email address* Parent/carer contact information Home address Identify whether the CYP is looked after or previously looked after by a Local Authority Add the information about all professionals currently involved – only professionals that have worked with the child/young person over the last 12 months. If professional has not seen the young person in the last 12 months their contact details would not be shared. This is because the purpose of the review meeting is to review what has occurred over the last 12 months from when the original plan was issued or 12 months from the last review. Mark yes or no to whether there are any social care plans. *Please only note the CYP telephone number and email address from year 9 onwards. This should only be shared if the CYP wishes to share them details and with their consent. Details should not be shared if the CYP does not want	My information	Surname Forename DOB Gender Ethnicity Mark yes or no to whether there are any changes to the CYP/family information. Add contact information: CYP telephone number* CYP email address* Parent/carer contact information Home address Identify whether the CYP is looked after or previously looked after by a Local Authority Add the information about all professionals currently involved – only professionals that have worked with the child/young person over the last 12 months. If professional has not seen the young person in the last 12 months their contact details would not be shared. This is because the purpose of the review meeting is to review what has occurred over the last 12 months from when the original plan was issued or 12 months from the last review. Mark yes or no to whether there are any social care plans. *Please only note the CYP telephone number and email address from year 9 onwards. This should only be shared if the CYP wishes to share them details



Section A	 To complete this section, look at section A of the current final EHC Plan and check if there have been any changes to the CYP's story. Identify what changes there are in the first box. Tip: you can copy the content of the sections from the current EHC Plan and illustrate your changes, however, please ensure it is explicitly clear what the changes are and who has requested these. Work with the CYP to identify information they wish to share in the following boxes, if they need support with this you can note this further down in the form, however the expectation is that the majority of children will be able to contribute at their level and with the appropriate support and adjustments. What's important to me What I would like to do in the future How I like to be supported How to communicate with me, including accommodations for social communication difficulties, any strategies, and adaptations e.g., visuals, gestures, PECs, Makaton etc. Complete the video box and picture box as appropriate. Any video or picture provide should be attached to the review document as an appendix. Using alternative methods of communication, such as videos and pictures, enables CYP to participate in expressing their stories in other formats as asking the questions in the box to some CYP could be too over whelming, having the ability to draw a picture or make a video still enables them to participate in their review and have their voices heard. How has the information been obtained - identify how you gathered the
	information and what adaptations and accommodations have been made. For example, asking questions and scribing. If you were not able to gather the CYP input complete the last box explaining the background to this . We do understand that some CYP may not want to answer these questions or find this aspect too overwhelming. Identifying the barriers prevents the wrong ways to work with the young person occurring the in the further and gives a clearer picture to the local authority about the CYP and their needs.
	Please note that section A amendments and updates may not always mean the EHC plan will be amended. The SEND Code of Practice says 9.193: EHC Plans are not expected to be amended on a very frequent basis. Therefore, after each review the LA will consider whether the EHC PLAN needs amending or should remain in its current format and read in conjunction with the most recent review.
Review meeting information	Note who attended the meeting if they produced a report for the meeting. It is important to note if the CYP attended and any adaptions/accommodations that may have been made so they could attend.



Review of Progress	This links to section E outcomes in the EHC Plan.
	Outcomes should be holistic and therefore all outcomes for Education, health and social care are listed together . Copy Outcomes from the current final EHC Plan in to the table under 'Outcomes being worked towards'. You may need to add further lines to the table to accommodate all of the outcomes in the plan. Use the Key above the table to establish what progress level has been made:
	Mark the rating of progress in the box alongside the Outcome listed. If an outcome has been achieved detail more information about this in the space provided below.
	If there are new outcomes to be identified or changes to the current outcomes these should be identified in the proposed amendments/ adaptions box, please strike through and bold text (like this) what you would like to remove, and use highlighted yellow with black text (like this) to identify what you would like to add.
	Please ensure Outcomes are co-produced with the family/cyp and professionals involved. They must be Specific Measurable, Achievable and Time bonded (SMART). More information on Outcomes can be found on the Council for Disabled children's website here: <u>Outcomes explainer-</u> <u>professionals.pdf (councilfordisabledchildren.org.uk)</u>
	Please note who is recommending and been involved in any changes to the outcomes.
	Please note – all short term targets that work towards these outcomes should be attached to the review document as an appendix, this could be a Send Support Arrangements document, Individual Support Plan or similar.
Learning levels	If completing the information in the table you need to state: The date the CYP entered the provision/setting. Their learning levels on entry and current progress, whether this is as expected, working towards, working behind etc.
	You can attach a copy of your own progress tracker (or equivalent) as an appendix instead of completing this part of the form, however, please note in the relevant boxes where there is an attachment. For example, 'See Progress Tracker attached'.
	We are aware that each provision uses their own progress tracker and measures/levels, please ensure that your levels can be understood by providing a key.



Attendance	The CYP attendance should be added into the boxes including if they have had a fixed term suspension. The comments on any concerns box should be filled in if the CYP has had a suspension and if their attendance is a cause for concern, for example, it is at the 'persistent absence level' and if you have had to refer to your inclusion officer. You can attach a copy of your attendance record as an appendix. However, make it clear what concerns/issues there are, if any, and what interventions/support has been made for this.
Section B and F	Section B - Summary of needs – Copy this from the current final EHC Plan.
	Check the appropriate box to indicate whether the Summary of needs remains accurate and complete the appropriate box noting any changes that are being requested. Illustrate these by showing your changes using the key: for removal - strike through and bold text (like this) for additions - use highlighted yellow with black text (like this).
	If the strengths and achievements require amendments, note these using the key: for removal - strike through and bold text (like this) for additions - use highlighted yellow with black text (like this).
	If the needs require amendments note these using the key: for removal - strike through and bold text (like this) for additions - use highlighted yellow with black text (like this).
	If the CYP is in year 9 their plan needs to move to the new Preparation for Adulthood (Post 14 template). You must identify the PFA pathway that the needs relate to and complete the box on the right of the table with this.
	Section F – Provision If the CYP is at risk of self-harm/suicide please include their My Support plan in the any changes to provision in section F (if any) box, this will enable the send team to incorporate this information into section F of the amended draft EHCP following the annual review.
	Check the appropriate box to state if the provision detailed in the current EHC Plan are still accurate (yes/no).
	Where provision requires amendments note these using the key: for removal - strike through and bold text (like this) for additions - use highlighted yellow with black text (like this).
	If the CYP is in year 9 you must identify the PFA pathway that the provision relates to and complete the box on the right of the table with this.
	Please note - the subheadings from the EHCP will need to be identified when completing this section. The subheadings in the needs and provision (section B and section F) are different on the pre 14 and post 14 EHCP template, this is the reason they are not identified on the annual review template so that one template can be used for both EHCP's templates.



Section C	Use this box to state what current health needs the CYP has, this must only be current and not pre-existing/resolved conditions. Consider any updates from the <u>Health questionnaire</u> introduced January 2025.
	You can copy the health needs from the current EHC Plan and illustrate amendments using the key: for removal - strike through and bold text (like this) for additions - use highlighted yellow with black text (like this). This should only be used for minor amendments and where a medical needs has been resolved and is no longer relevant. To add new conditions/diagnosis we will require sight of the medical report/diagnosis. Please state what the need is related to the medical condition, who diagnosed it and when it was diagnosed and attach the report as an appendix.
Section G	This information should only be changed where a medical professional has agreed this. Please provide detailed information and attach the relevant reports to support any changes to the provision. Refer to any confirmed health and emotional and mental wellbeing needs specified in questions 5 and 6 of the <u>Health questionnaire</u> , introduced January 2025.
	Important: Please answer the question concerning emotional crisis. If the CYP is in emotional crisis or there are significant mental health concerns, please continue to answer the further questions here and attach any risk assessment documents to the review document. This should be included here for information and you remain responsible for ensuring you seek guidance and make any referrals that are needed for the CYP.
Section D	Answer the first 3 questions by checking yes or no.
	You can copy the social care needs from the current EHC Plan and illustrate amendments using the key: for removal - strike through and bold text (like this) for additions - use highlighted yellow with black text (like this). This should only be used for minor amendments that have been confirmed by social care. To add new information we will require sight of the social care report/advice. Please attach to the review.
Section H	Answer the first 3 questions by checking yes or no.
	You can copy the social care provision from the current EHC Plan and illustrate amendments using the key: for removal - strike through and bold text (<i>like this</i>) for additions - use highlighted yellow with black text (<i>like this</i>). This should only be used for minor amendments that have been confirmed by social care. To add new information we will require sight of the social care report/advice. Please attach to the review.
	Important: Please answer the question concerning risk and if a referral to C-Spa has been completed. Please also attach a copy of the risk assessment in place for the CYP.



Provision Map	The provision map template should be completed to detail the provision, in excess of what is ordinarily available, in place specifically for the CYP.
	If more than one need is being supported by an intervention, please list the needs together and identify the intervention once. This is to prevent duplication and the provision map appearing to have more provision than the CYP actually receives.
	If you want to share your own version of a provision map please attached it to the review document and state that you have done this one the form. However, please ensure your version details the same information as ours has.
	Where support is not one to one please note the group size a pro-rata any costs.
	If provision is not being delivered please identify this in this section. This would include any provision identified by professionals including SLT, OT and Health professionals.
	Please complete the boxes with information on the impact of the provision and identify what has worked well for the CYP and what has not worked well for the CYP. This will enable the local authority to have a clearer understanding of the interventions used and the impact it has had on the CYP needs. Tick yes or no to the question relating to independent learning. Identify any changes to the level of provision/ support in place by providing further details in the box provided.
Personal Budget	Please indicate if the CYP has a current personal budget in place by ticking yes or no to the questions.
	Please complete the table on the form, this information can be copied from the personal budget page in the EHC Plan.
	The key part of this form it to review progress and impact of the personal budget, please detail this fully on the form.
Key stage transfer	This section is to be filled out when a CYP is in year -1, 1, 5, 10, 12 and above.
	Complete the parental preference for future placement, the CYP preference and the professional preference of placement based on your discussions. This will then be considered by the local authority as part of the key stage transfer work the Local Authority complete. Please complete all parts of this section.



Preparing for adulthood	 This section should be completed for CYP in year 9 and above. The links at the top of the document can be shared with families ahead of the annual review as it takes you to useful documents and packs including a document detailing what a year 9 review should look like. Complete the table to identify future options discussed the support in place so that the CYP can explore the options and what a successful transition would look like. This is all key information the local authority require to understand the CYP needs, and the provisions required to enable the right recommendations being identified for the CYP.
Summary of meeting/ minutes	This section is there for you to record any minutes/comments that were not able to be captured in the boxes throughout the form. It is not expected that you will take verbatim minutes but it is important to capture any important discussions, actions and disagreements. Please note particularly where there is a disagreement in what is being recommended or identified within the review form, for example if the young person does not agree with the type of placement the school is recommending. This box should not cover information that is already recorded in the boxes provided to avoid duplication.



Recommendations of review meeting	This is a key part of the form as it clearly identifies if amendments are being recommended from the review form.
	Please tick yes or no to the questions. The questions relate to the key section of the EHC PLAN with emphasis on the needs, provision, and outcomes as these are the key aspects of an annual review.
	Your answers will help the Case Officer to identify any actions that need to be completed.
	Personal Budget: Answer the question - Is a NEW Personal Budget being requested for the coming year as part of this review?
	Tick yes or no to whether a NEW personal budget is being requested. If the CYP already has a personal budget in place you should tick no to this question.
	If a new personal budget is being requested the family/young person will need to follow the process for this. They can refer to the LA's Personal Budget policy.
	Where there is a current personal budget, Is the current Personal budget still required?
	If the CYP has an EXISTING personal budget in place indicate whether this is still required by checking yes or no.
	The Case Officer will use this answer and the answers above to decide on the course of action.
Current travel arrangement	Note here the current travel arrangement in place for the CYP. Please also identify the key contact details for the travel assistance team who are responsible for Surrey's transport arrangements.
Review sign off	Please provide the headteacher name. Where the process shas been delegated please complete the information for who completed the review and date and sign.
Actions following review	The final section of the form details the actions that follow after the review meeting and the location of the four send quadrant teams including their contact details so that the review paperwork can be sent to the local authority within the 2 weeks following the annual review meeting timeframe.
	Please send the paperwork by secure email to the relevant email address as soon as possible after the meeting and within a maximum of 2 weeks.