**Appendix C**



# Education Health Care Plan Annual Review

# Parent / Carer’s Views

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of person completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child / young person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Please tell us about your child’s strengths, positive experiences and achievements – what are they good at and what do they enjoy? |

If you would like some support during the Annual Review process or to fill out this form you may wish to contact the **SEND Family Partnership Service** who can help you to express any views you may have or give you advice. They operate independently as a confidential service for parents and carers of children and young people (0-25) with special educational needs. You can contact the SEND Family Partnership Service helpline on: 01785 356921.

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| *Please help us to understand what is happening currently*  What is currently working and not working for your child?  Working:  Not working: |

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| What are your concerns about your child at the moment?  *(Please include any information about learning, communication, relationships, behaviour, emotional wellbeing, general health, independence and self-help)* |

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| What progress do you feel has your child made towards achieving the outcomes in the EHC Plan?  What does your child have difficulty with in school?  What do you think would help to overcome these difficulties? |

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| Have there been any significant changes in your child’s needs?  *(please specify any new diagnosis, changes to health or social care needs etc)* |

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| What progress would you like your child to make over the next year? |

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| Do you feel your EHC Plan is   * still appropriate? * needs to be changed? * to be ceased? |

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| Do you have any other comments to make? |

**Signed …………………………………………………… Date: ………………………………..**

**Name: ……………………………………………………. Relationship to child: ………………..**

**Signed …………………………………………………… Date ………………………………..**

**Name: ……………………………………………………. Relationship to child: ………………..**