**Parent/Carer Advice** contributing to an **Education, Health and Care Plan Annual Review Process**

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| **Name of Parent/Carer:** |  |
| **Name of your Child/Young Person:** |  |
| **Date of your Child/Young Person’s Annual Review Meeting:** |  |

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| **Part One: Preparation for your Child/Young Person’s Annual Review Meeting** |
| **What is going well for your child/young person at the moment?** **Are there any achievements you would like to share on their behalf? These could be in their educational placement, or at home or in the community.** |
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| **Is there anything you are worried about? Do you have any concerns you would like to discuss at the review meeting?** |
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| **Is there anything you would like to discuss to make things better? Do you have any suggestions of what support/provision is needed for your child/young person to help them make progress?** |
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| **Do you have any questions you would like to ask? Or anything else you would like to discuss at the review meeting?** |
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| **Details about your aspirations and goals for your child/young person’s future, including employment, healthy living, independent living and community participation**This is an opportunity to tell us what you want your child to achieve as they get older. It is absolutely fine to say that you want them to be happy and safe, for example. It would be really helpful to add some detail about what happy and safe would look like for them. Happy might be engaging with a close circle of friends, safe could be independently catching a bus to visit someone.  |
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| **What is your child/young person good at and what do they enjoy doing?** |
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| **What does your child/young person find difficult or need help with? Both in school and out of school.** |
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| **What is the best way to communicate with your child and engage them in decision-making?** |
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| **Part Two: Details of your child’s special educational needs.** You don’t have to fill in all the boxes. If your child doesn’t have SEN in one or more of the 4 areas, miss it out. |
| If changes are required to your child/young person’s EHCP, these will be discussed with you at the review meeting.In preparation for the review meeting, please tell us if you feel there have been any significant changes in their needs and strengths since their last review meeting (or since their first EHCP was issued if applicable)  |

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| Communication and Interaction |
| StrengthsNeeds |
| Cognition and Learning |
| StrengthsNeeds |
| Social, Emotional and Mental Health |
| StrengthsNeeds |
| Sensory and/or Physical |
| StrengthsNeeds |
| **Have there been any changes to your child/young person’s health needs? (If any)** |
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| **Have there been any changes to your child/young person’s social needs? (If any)** |
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| **Next steps for preparing for adulthood**What are your views about higher education and/or employment, independent living, participating in society, being as healthy as possible in adult life for your child/young person? |
| **Education, Employment and Training:****Friends, Relationships, and Community:****Independent Living:****Good Health:** |

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| **Is there anything else you want to tell us about your child/young person?** |
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| **Signed:** |  |
| **Date:**  |  |