**APPENDIX 5c**

**Summary Advice**

**Review of Education, Health & Care Needs for Child/Young Person**

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| Name |  | dd/mm/yyyy |  |

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| Review Date |  | Current Plan issue date |  |
| Date of last review |  | Year Group |  |

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| **Section A Update - Child/Young Person’s Information** | | | |
| Gender |  | Home Language |  |
| Religion |  | Ethnicity |  |
| Home Address |  | | |
| Looked After by Local Authority | Y / N | Home Borough |  |
| Contact telephone |  | Email |  |
| Current educational setting and contact details |  | | |

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| **Child/Young Person’s parents/guardian with parental responsibility:** | | | |
| Full Name |  | Relationship |  |
| Contact telephone |  | Email |  |
| Home Address |  | | |

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| --- | --- | --- | --- |
| Full Name |  | Relationship |  |
| Contact telephone |  | Email |  |
| Home Address |  | | |

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| **Outcome of Review** | | |
|  | Yes | No |
| Text of EHCP needs amending |  |  |
| Recommendation for changes to resources/setting to deliver the outcomes in the EHCP |  |  |
| Recommendation for the EHCP to cease |  |  |
| Transport package needs amending |  |  |

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| **Summary of Agreed Actions** | | | |
| Amendments to the EHCP required? | | | |
| Information Page | Yes/No | Request for additional resources | Yes/No |
| Section A | Yes/No | Banding | Yes/No |
| Section B | Yes/No | Therapy package | Yes/No |
| Section C | Yes/No | Specialist Equipment | Yes/No |
| Section D | Yes/No | Change of placement | Yes/No |
| Section E | Yes/No | Other | Yes/No |
| Section F | Yes/No | Request for a personal budget | Yes/No |
| Section G | Yes/No | *Please provide appropriate professional reports to support any request for a change of resources. If a young person is transferring to FE, please provide their transition plan* | |
| Section H1 | Yes/No |
| Section H2 | Yes/No |
| Other actions to be taken: | |

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| **Attendance** | | | | | | | | | |
| Name | | | Service or Title (e.g. EP, SENCO, SALT, social worker, GP) | | | In what capacity are they involved? | | | |
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| **Contributors and the advice submitted for the EHCP Review** | | | | | | | | |
|  | | Name of contributor | | Role or Relationship | Type of advice (e.g. report, attendance at review etc.) | | Date | Review advice provided |
| A  Parent/Young Person | e.g.:  A1 Parent  A2 YP |  | |  |  | |  |  |
| B  Education | e.g.:  B1 School  B2 EP  B3 LBL |  | |  |  | |  |  |
| C  Health | e.g.:  C1 OT  C2 physio |  | |  |  | |  |  |
| D  Social Care | e.g.:  D1 Social Worker  D2 Short Breaks Team |  | |  |  | |  |  |

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| **Professional Network:** | | | | |
| Please update to the names of known professionals or services (including education, health and social care) involved with the child, young person or carer. If no changes are required please leave blank: | | | | |
| Name | Service or Title (e.g. EP, SENCO, SALT, social worker, GP) | In what capacity are they involved | Date | Address and contact details – telephone and email |
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| **Section B Update:** |
| If the child/young person’s EDUCATION needs have changed, or need updating on the EHCP, please provide a summary of the discussion which informs these changes below.  A copy of Part B should be emailed to [sen@merton.gov.uk](mailto:sen@merton.gov.uk) via your school’s secure email |
|  |
| **Is the Young Person is in Year 9 or above?** If so please identify special educational needs which are likely to impact on their transition to adulthood, such as ability to live independently, finding employment, housing, or for participation in society, if these are not already specified in the current EHC plan. |
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| **Section C Update** |
| **If the child/young person’s HEALTH needs have changed, or need updating on the EHCP, please provide a summary of the changes below.**  A copy of Part C should be emailed to [sen@merton.gov.uk](mailto:sen@merton.gov.uk) via your school’s secure email |
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| **Section D Update** | |
| **If the child/young person’s SOCIAL CARE NEEDS needs have changed, or need updating on the EHCP, please provide a summary of the changes below.**  *A copy of Part D should be emailed to* [*sen@merton.gov.uk*](mailto:sen@merton.gov.uk) *via your school’s secure email*  Where a Young Person is due to transfer from children’s social care to adult services has the social worker provided advice / assessment of adult social care requirements? | |
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| **Section E – Outcomes** | |
| Please provide an update on the progression towards the outcomes sought. If the child is in Y9 or above these should include outcomes for adult life. | |
| **EHCP outcome** (please refer to the previously agreed outcomes on the most current plan) | What progress has been made towards the outcome being achieved? If fully achieved, please provide evidence that this outcome can be removed from the EHCP. |
| E1.1 |  |
| E1.2 |  |
| E1.3 |  |
| E1.4 |  |
| E1.5 |  |
| E1.6 |  |
| E1.7 |  |
| E1.8 |  |
| E1.9 |  |
| E1.10 |  |
| E1.11 |  |
| E1.12 |  |

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| **Proposed New Outcomes** | | | | |
| **New education, health and social care outcomes**:  ***If* the outcomes above have been achieved** please consider and agree any new outcomes to be achieved by the next transition review. Please ensure that outcomes are SMART and where a Young Person is in Year 9 or above the outcomes will prepare them for adult life. | **Provision to be provided by** | | | **Reference to professional advice /report stating outcome/provision** |
| Education | Health | Care |
| *Eg. By the end of Year 9 ….will be doing…..using….so that he/she can….. etc* |  |  |  |  |
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| **Risks of not achieving the new outcomes above?** | | | | |
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| **Planning for Success:** What are the requirements for the next review period? Please consider each EHCP outcome and the next steps towards achieving these. New short-term targets should be agreed and recorded on the SEN Support Plan. Has this documentation been appended to the review documents and to the EHCP? | | | | |
| **Additional Information** | | | | |
| Please provide any additional information which is relevant to the review, or which needs to be discussed | | | | |
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| **Transport** | |
| Does your child receive home to school transport from LB Merton? | No |
| Yes – please continue to following 4 questions |
| If your child travels by themselves, we will be looking at the possibility that they may be able to share. What are your comments? |  |
| If your child travels with a passenger assistant, we will be looking at the possibility that they may not need this level of support. What are your comments? |  |
| We will be looking for your child to participate in the “Independent Travel Training Programme”. What are your comments? |  |
| Are you interested in the “Personal Travel Assistance Budget”? This means that the authority will pay you to arrange appropriate transport for your child. | No |
| Yes – someone from the travel team will contact you |

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| Review Chaired by |  | | |
| Signature |  | Date |  |
| Date of Next Review |  | | |
| Person responsible for this plan |  | | |
| Date of LAC review |  | | |

***\*****NB The Personal Education Element (PEP) of the Care Plan for a Looked After Child should coincide with the EHCP review where possible.*