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| **Annual Review for Post 16 Educated by the Local Authority** *To be completed by the YP, parents/carers and education providers* |

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| **Section One** |
| **Young Person’s name/email/phone contacts** | **Phone number****Email address** |
| **DOB** |  | **Year Group** |  |
| **Parent/carer names/ email/phone contacts** |  |
| **Educational Provider**  |  |
| **Attendance** |  **%** | **Hours of provision** |
| **Social Care**  | **Involved?** **Attended AR?**  | **CIN**  | **CP**  |
| **Health**  | **Involved?** **Attended AR?**  | **Current provision** |
| **Primary Area of Need** |  | **Date of AR meeting** |

**Please use the accompanying guidance document to complete this form**

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| **Who contributed to this meeting?** *Please include names of any report writers that contributed to decisions made at this meeting.* |

**ATTENDEES**

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| **Name & Designation** | **Contact details** |
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**REPORTS ATTACHED**

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| **Type of Report**  | **Details of report writer** |
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**This Annual Review meeting report must be emailed within 2 weeks of the review being held.** **Please email completed form to:** **sendmonitoring@torbay.gov.uk****.**

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| **Section Two** |
| **Decision Making: Mental Capacity** |
| The Children and Families Act 2014 (CFA) and the Mental Capacity Act 2005 (MCA) apply to all young people (16-25 years) making decisions about their education. A key principle of the Children and Families Act 2014 is that young people should participate as fully as possible in decisions about their education and have their views, wishes and feelings considered. It is expected that all young people over the age of sixteen, including those with special educational needs, and/or sensory impairment, will make or be supported to make, their own decisions in relation to their education about their education, unless there are specific decisions where it is proved that they cannot do so. |
| **The Children and Families Act 2014 defines a young person as a person over compulsory school age** (school leaving date at age 16) **but under 25.****Where Deputyship has been granted under the court of protection for a parent/guardian to make decisions on behalf of the young person, evidence of the Deputyship including the type of decisions for which it has been made must be provided to the LA.** |
| **Deprivation of Liberty Consideration**  |
| Is this young person:* under continuous supervision and control (total and unremitting)
* not free to leave voluntarily (would be restrained from leaving or brought back if they left)
* would be deprived of liberty for their own protection from harm
* would be unable to consent to their deprivation of liberty

**YES/NO (PLEASE CIRCLE)****Comments:**  |

**YOUNG PERSON’S and PARENT/CARER’S VIEWS ON PROGRESS**

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| **Young person’s views** |
| **What do you like doing in your free time?** |
| **What has gone well? Could anything have gone better?** |
| **What are your aspirations? / What would you like to do in the future?** |
| **Do you feel that your EHC Plan reflects your current needs? If not what would you like added or removed to make it more helpful to you?****What support do you think you need? What doesn’t help?** |

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| **Parent / Guardian’s Views on progress** |
| **What has gone well? Could anything have gone better?** |
| **What are your aspirations for your YP? /What do you think they would be suited to doing in the future?** |
| **Do you feel that your young person’s EHC Plan reflects their current needs? If not what would you like added or removed to make it more helpful to your young person?** |

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| **Section Three** |
| **Progress towards Outcomes** *to be completed by the education provider before the meeting.*  |
| **Employability Outcomes****1.****2.** **3.**  |
| **Current Strengths** |
| **Interventions put in place to support the achievement of the outcome** | **Impact of support/interventions (data and narrative)** | **New Outcome Required?** | **Progress?** **Stayed same?****Decreased?****Achieved?**  |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **Current Needs** |
| **Health and Wellbeing Outcomes****1.****2.****3.** |
| **Current Strengths** |
| **Interventions put in place to support the achievement of the outcome** | **Impact of support/interventions (data and narrative)** | **New Outcome Required?** | **Progress?** **Stayed same?****Decreased?****Achieved?** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **Current Needs** |
| **Community Inclusion Outcomes****1.** **2.** **3.**  |
| **Current Strengths** |
| **Interventions put in place to support the achievement of the outcome** | **Impact of support/interventions (data and narrative)** | **New Outcome Required?** | **Progress?** **Stayed same?****Decreased?****Achieved?** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **Current Needs** |
| **Independent Living Outcomes****1.** **2.** **3.**  |
| **Current Strengths** |
| **Interventions put in place to support the achievement of the outcome** | **Impact of support/interventions (data and narrative)** | **New Outcome Required?** | **Progress?** **Stayed same?****Decreased?****Achieved?** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **Current Needs** |

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| **Qualifications** |
| **What qualifications have you achieved?** | **What qualifications are you working towards?** |
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| **Section Four** |
| **Health and Social Care Support** |
| **Consent to share information***Would you be happy for this Annual review to be shared with the any of following so that you can be assessed to see if you can get more support?*  **YES NO** |
| Social Care | *What kind of support do you think might be helpful for you?* |
| Health (including mental health services) | *What kind of support do you think might be helpful for you?* |

**REVIEW SUMMARY**

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| **Summary of key points agreed at the meeting and next steps** |
| **Agreed Actions** | **Responsibility and by when** |
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| Should the EHC plan be **maintained, amended and maintained or ceased?**  |
| *If you feel the plan need to be amended can you please send an annotated copy of the EHCP with the review. We do not expect to amend every year. The plan will need to be amended at the end of every key stage. Please tick the box.* |
| Maintain |  | Amend (and maintain) |  | Cease |  |

If the young person intends to progress to:

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| Traineeship / supported internship / apprenticeship | EHCP remains in place (maintained) |
| University | EHCP ceases at the end of the academic year and young person will need to apply for Disabled Students Allowance |
| Paid employment | EHCP ceases |

In all cases where the Local Authority are intending to cease the EHCP they will write to the young person at the beginning of the ceasing process.

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| Personal Budget | Yes/No |
| Is there a personal Budget in place? |  |
| Is a new personal Budget being requested? |  |

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| **Printed name** of person undertaking the review |  | Designation of person undertaking the review |  |
| **Signature** of person undertaking the review |  | Date signed |  |