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| --- |
| **Educational Advice**  **Transfer Summary**  **(insert Name)**  **(Insert School/College)** |



**Parent/Carer consent to share information with other agencies and the Local Authority (YP if over 16 yrs)**

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

**1 This is who attended my transfer preparation meeting**

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship to me** | **Report provided – Y or N** |
|  |  |  |
|  |  |  |

**2. Changes to my personal information: Yes/No**

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| **Please note these changes:** |

**This is how I think things are going:** *(this information is only required if the Family conversation and About Me has not been completed within the last 6 months)*

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| **What’s going well:**  ***(Views of all)*** |  |
| **What could be better:**  ***(Views of all)*** |  |
| **This is how I feel about my life at the moment:**  **(Child/Young Person’s views mandatory)** |  |
| **This is what I want for myself in the future (my aspirations):**  **YR9 onwards mandatory** | *(Careers advice attached where available)* |
| **This is what my family think of my life at the moment:**  ***(Parent/carer relative views)*** |  |
| **This is what my family want for me in the future:**  ***(Parent/carer relative views)*** |  |
| **This is what my school think about my progress and what I need to do next (include targets):** | **Attendance:**  **Academic progress:**  **Social Progress:**  **Inclusion in school life:** |
| **This is what my social worker thinks:**  **(delete row if n/a)** |  |
| **This is what my careers adviser thinks:**  **(delete row if n/a)** |  |
| **This is what my health professionals think:**  **(delete row if n/a)** |  |
| **This is the support my family would like, to help them to help me progress and achieve my goals:** |  |

**My Action Plan: This includes my overall outcomes (what I need to achieve to help me in adulthood).**

The aim of my action plan is to:

1. Record progress made against last year’s Objectives (Statement or IEP) including my successes.
2. Set SMART Intended Outcomes for Education, Health and Care Plan
3. Set new targets these are targets agreed throughout the year or at my meeting. These will enable me to achieve my SMART Outcomes

Targets: these are the steps I need to take to help me achieve my goals (Outcomes).

*(insert/delete rows and sections as appropriate)*

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| **The support I need for: Education and learning (for life and work)** |

|  |  |  |
| --- | --- | --- |
| **Intended Overall SMART Outcome/s** | | |
| **Date set:** | **Target/s** *(milestones to measure progress towards Intended Outcome)* | **Progress against last year’s targets:** |
|  |  |  |
|  |  |  |
| **Next review date** | **New/current Targets** | **Support I will have to help me achieve my new targets** |
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| **The support I need for: Communicating and interacting with others** |

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| --- | --- | --- |
| **Intended Overall SMART Outcome/s** | | |
| **Date set:** | **Target/s** *(milestones to measure progress towards Intended Outcome)* | **Progress against last year’s targets:** |
|  |  |  |
|  |  |  |
| **Next review date** | **New/current Targets** | **Support I will have to help me achieve my new targets** |
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| **The support I need for: My social, emotional and mental health needs** |

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| **Intended Overall SMART Outcome/s** | | |
| **Date set:** | **Target/s** *(milestones to measure progress towards Intended Outcome)* | **Progress against last year’s targets:** |
|  |  |  |
|  |  |  |
| **Next review date** | **New/current Targets** | **Support I will have to help me achieve my new targets** |
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| **The support I need for: Sensory and Physical needs** |

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| --- | --- | --- |
| **Intended Overall SMART Outcome/s** | | |
| **Date Set** | **Previous Target/s** *(milestones to measure progress towards Intended Outcome)* | **Progress against last year’s targets:** |
|  |  |  |
|  |  |  |
| **Next review date** | **New/current Targets:** | **Support I will have to help me achieve my new targets** |
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| **The support I need for: My independence and personal care needs (delete if n/a)** |

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| **Intended Overall SMART Outcome/s** | | |
| **Date Set** | **Target/s** *(milestones to measure progress towards Intended Outcome)* | **Progress against last year’s targets** |
|  |  |  |
|  |  |  |
| **Next review date** | **New/current Targets** | **Support I will have to help me achieve my new targets** |
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| **The support I need for: Friendships, relationships and being part of my community** |

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| --- | --- | --- |
| **Intended Overall Outcome:** | | |
| **Date set:** | **Target:** | **Progress against last year’s targets:** |
|  |  |  |
|  |  |  |
| **Next review date** | **New/current Targets** | **Support I will have to help me achieve my new targets** |
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| --- |
| **The support my family needs, to help them to support me** |

|  |  |  |
| --- | --- | --- |
| **Intended Overall Outcome:** | | |
| **Date set:** | **Target:** | **Progress against last year’s targets:** |
|  |  |  |
|  |  |  |
| **Next review date** | **New/current Targets** | **Support I will have to help me achieve my new targets** |
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| **The support (health provision) I need for my health/medical needs (delete if n/a)** |

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| --- | --- | --- |
| **Intended Overall Outcome:** | | |
| **Date set:** | **Target:** | **Progress against last year’s targets:** |
|  |  |  |
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| **Next review date** | **New/current Targets** | **Support I will have to help me achieve my new targets** |
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| --- | --- |
| |  | | --- | | **The support I need for my social care needs (delete if n/a)** | |

|  |  |  |
| --- | --- | --- |
| **Intended Overall Outcome:** | | |
| **Date set:** | **Target:** | **Progress against last year’s targets:** |
|  |  |  |
|  |  |  |
| **Next review date** | **New/current Targets** | **Support I will have to help me achieve my new targets** |
|  |  |  |
|  |  |  |

Other information, including actions required e.g. additional assessment advice required/agreed.(if there are changes to health or social care advice/intervention then please state here)



**Your Part in the EHCP Annual Review**

**Parents'/Carers Report and Advice Form**

Families have an important role to play in the annual review of an Education, Health and Care Plan (EHC plan). The annual review will look at the progress your child has made over the past year. It will agree outcomes and new targets for the next year. It should include your child's achievements as well as any difficulties. You and your child’s views about their progress will be at the centre of the annual review process.

**What should I write?**

You may find it helpful to use this form to write about your child’s progress over the last year. However, you may choose to write it another way: the headings we have suggested may help you and your child put something of your own together. Wherever possible, encourage your child to contribute.

You may want to leave out or change some of the headings to suit your child and circumstances. Please add anything that you feel would give a fuller picture of your child’s progress over the past year and continue on extra sheets if necessary. However, don’t let it become a difficult and lengthy task, as your views will be listened to and recorded at the annual review meeting. It would be helpful if you could send your completed report to your child’s school/ setting before the meeting.

A copy of this form is also available to download and complete at [www.coventry.gov.uk/senar](http://www.coventry.gov.uk/senar)

**Date of Review Meeting:** \_ \_ /\_ \_ / 2 0 \_ \_



**Who can help me?**

If you feel that you would like help to complete this form, you can ask your school/setting, or contact:

**SEND Information Advice and Support Service (SENDIASS):**

**Tel** **024 7669 4307**

**Email: iass@coventry.gov.uk**

**Child's Name: …………………………….………………………. Date of Birth: ……………….......**

**Parents' Names: …………………………………………………………………………………………….**

**Address: ………………………………………………………………………………………………………**

**Post Code………………………….Email …………………………………………………………............**

**Tel no…………………………………….School/Setting:…………………………………………………**

**1: Education and Learning (for life and work):** You could comment on your child’s level of concentration, ability to retain information, whether he or she likes school/college, what your child enjoys/finds easy or difficult. What’s going well? What could be better?

**2: Communication and interaction with others:** Speech & language, comprehension and understanding. Any training needs (for staff, parents or child) e.g. signing (including MAKATON), symbols? Are speech & language therapy or aids needed? Are visual timetables, social stories, friendship groups or equipment required? What’s going well? What could be better?

**3: Social, emotional and mental health needs:**

**At home**: Does your child cooperate, have good and bad moods? Is he/she withdrawn, unhappy, cheerful, friendly, fits in with family routines, able to share, be part of the community/ attends activities.

**At school / At college:** Relationships with pupils and staff, self-confidence, self-esteem, happy, anxious, angry? Have there been any referrals/reports? Have there been any detentions or exclusions?

What’s going well? What could be better?

**4: Independence and personal care:** Depending on your child’s age and stage of lifeyou could comment on your child’s awareness associated with living independently. For example; money, personal safety, road safety/travel, personal hygiene, dressing; feeding, preparing food and other skills. What’s going well? What could be better?

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**5: Physical and sensory needs:** How do these needs have an impact on your child’s learning and environment? (Including crowds, noises, glare, smells, dietary, clothing etc.) Any therapies, aids, or equipment / training required? Any assessments needed? Any reasonable adjustments needed? What’s going well? What could be better?

**6: Is there information from a Social Worker/Team Around the Family (TAF) also known as Common Assessment Framework (CAF)?:** Any actions required eg assessments for the child, young person (or carer) to add to **section H1** of the EHC plan ? If turning 18, is an adult care transition assessment required (under the Care Act 2014) - to be included in **section H2** of the EHC plan?

**7: Has there been any updated information from health professionals?** Therapy reports such as Speech & Language/ Occupational Therapy etc may need to be added to the EHC plan in **Section F** (for educational provision) **or Section G** for other health needs**.** If moving/ moved into adulthood, has there been a transition to the relevant adult health professionals?

**8: Looking at the EHC plan in sections B – D, do you feel the needs set out here are up-to-date?** Are there any further assessments needed?Is there any further information to be added?

### DATA PROTECTION

The data controller is Coventry City Council. The data you provide will be shared with school and used by the Local Authority, SEN Management Services towards the Annual Review of your child’s special educational needs. Coventry City Council, in fulfilling its data protection obligations will treat all personal data, held manually and on a computerised administration database with due care, and will only disclose data in accordance with the Data Protection Act 1998.

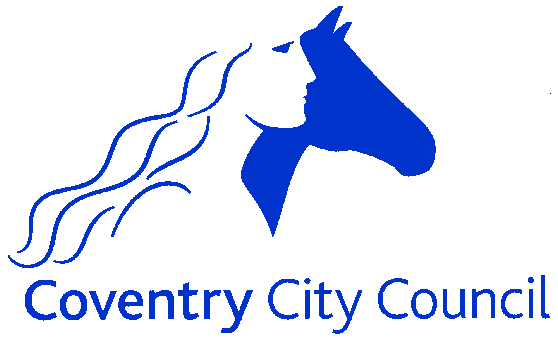
Signed: ……………………………………………………. Date: ………………………………

*Parent/Guardian*

**Please return this report to your child’s school before the review date**

July 2015

P**Y**



**r Part in the Annual Review**

**Parents'/Carers Report and Advice Form**

child's Statement of Special Educational Needs. The annual review will look at the progress your child has made over the past year and agree new targets for the next year. It should include your child's achievements as well as any difficulties. Your views on your child's progress will be an important part of the annual review.

**What should I write?**

You may find it helpful to use this form to write about your child – but you do not have to use this form if you do not want to.

The headings we have suggested may help you write your own letter or report.

Write your report in whatever way you choose. A copy of this form is also available to download and complete at [www.coventry.gov.uk/parentpartnership](http://www.coventry.gov.uk/parentpartnership)

You may want to leave out or change some of the headings to suit your child and circumstances. Please add anything that you feel would give a fuller picture of your child’s progress over the past year and continue on extra sheets if necessary.

**Who can help me?**

If you feel that you would like someone to help you complete this form please contact:

**Coventry Parent Partnership Service: 024 7669 4307**

It would be helpful if you could send your completed report to your child’s school before the date of the review meeting.

**Date of Review Meeting:** ……………………………………………………...

**9: Does the help described in sections F – H in the EHC plan, match the needs described earlier in the EHC plan?** Is there anyrecent advice from professionals’ reports to be added? Is the provision in the EHC plan specific, e.g. who will provide the support?How often will this support be provided and for how long?

**10:** **Do you think that the outcomes, objectives and targets are still relevant?** Are they SMART (specific, measurable, achievable, realistic, time-bound)?

**11: Is the setting named in section I of the EHC plan still appropriate? If your child is transferring to another setting, do you or your child have a preference?**Do you need to discuss arrangements for visiting settings and transition?

**Your child or young person’s views**

**12: This is how I feel about my life at the moment.** Depending on his/her age and ability, you may wish to talk to your child and find out what they think about their progress. Or if they wish, they could write/ draw /take a photo / use other means to communicate how they feel:

**13: This is what I want for myself in the future:**  Your child’s aspirations, short, medium or long-term. If your child is YR9 onwards, what options are they considering?Eg 6th Form, College, Specialist College, Work Based Training, Employment, Meaningful Activities, Housing? Is there any information from the Careers Service, Health, Social Care or other agencies to help inform moving to Adulthood?

**14: Any other areas for discussion. Please use this space and further sheets if necessary:**

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

*Parent/Guardian*

**Please return this report to your child’s school/ setting before the review date**

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July 2015

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

*Parent/Guardian*

**Please return this report to your child’s school before the review date**