|  |  |  |
| --- | --- | --- |
| **Requested changes to EHCP** | **Yes** | **No** |
| New need |  |  |
| Change of placement |  |  |
| Cease |  |  |
| Outcome changes |  |  |

****

**PLEASE ENSURE THAT THIS SECTION IS COMPLETED**

**PAPERWORK MUST BE RETURNED TO THE LA WITHIN 10 DAYS OF THE MEETING**

|  |
| --- |
| **Name of pupil:** |
| **Date of Birth:** |
| **Date of meeting:** |
| **School:** |

**Record of Person Centred Annual Review**

**(Use for Preschool - Year 8)**

**Guidance for completion**

|  |  |  |
| --- | --- | --- |
| Section 1 | Attendees | Must complete |
| Section 2 | Administration details | Must complete |
| Section 3 | Summary of SEN | Must complete |
| Section 4a and 4b | Review of outcomes on EHCP including new targets set | Must complete for each outcome |
| Section 5 | Current status of EHCP | Must complete |
| Section 6 | New need | Complete only if there is a new need |
| Section 7 | Education (academic) profile | Must complete |
| Section 8 | Personal budgets | Complete if the pupil has a personal budget for social care, education, or health |
| Section 9 | Transition stages | Complete at Year 2 and 5 |
| Section 10 | Record of anything else/request for changes | Complete as required |
| Section 11 | Pupil profile | Must complete |
| Section 12 | Future actions | Complete as required |

|  |
| --- |
| * Pupils under the age of 10 should attend for at least Sections 1 to 4 |
| * A costed provision map must be attached for mainstream school/college pupils |
| * Reports from medical professionals to detail new diagnosis/es must be attached if relevant |
| * A copy of the EHCP must be available at the meeting * The pupil profile at the end of the document should be completed by/with the pupil before the PCAR |
| **ADVICE FOR SCHOOLS/COLLEGES**   * **Once accepted by the Local Authority, the PCAR is a statutory document.** * **Parents/carers/young people can appeal to the First Tier Tribunal, as they may wish, following the PCAR and acceptance by the LA. Therefore, it is ESSENTIAL that this pro-forma is complete.** * **THE LA CANNOT ACCEPT PCARS THAT ARE CONSIDERED TO BE INCOMPLETE. Incomplete PCARs will be returned to school/college for completion in line with Section 44 of the Children and Families Act 2014 and Regulations, and the SEND Code of Practice 2015.** |

**Section 1: Who attended the Education, Health and Care review meeting?**

**This is the child/young person’s review it is important they attend and have their say. Any professional who has involvement with the child/young person must be invited**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| People invited to the meeting | Role in relation to the child/young person’s life | Attended? Y/N | Written report provided? | Date of report | Attached? Yes/No |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Did health professional(s) attend the meeting? |  |  |
| Did a social care professional attend the meeting? |  |  |
| Did parents attend the meeting? If not, detail the reason why. |  |  |
| Did the child/young person attend the meeting? If not, detail the reason why |  |  |

###### Section 2 – Administration details

###### All details must be checked for accuracy

#### This section has information in it that services need to make sure that their records are up to date about the child / young person and family

**Child or young person’s details**

**First name:**

**Date of birth:**

**Gender:**

**Address:**

**Is the child/young person known by another name:**

**Social care involvement (please tick from the following table):**

|  |  |
| --- | --- |
| **Full Care Order** |  |
| **Interim Care Order** |  |
| **Section 20** |  |
| **Child in Need** |  |
| **Child Protection** |  |
| **Early Help** |  |
| **Other (please state)** |  |

**Responsible Local Authority:**

**Language used at home (state if an interpreter is needed):**

**Preferred way of communicating (e.g signing):**

**School name and address:**

**Year group:**

**Start date:**

**Anticipated leaving date:**

**UPN:**

**Date of current EHCP:**

**GP name, practice, and address:**

**NHS number:**

**Ethnicity:**

Additional family details

**Name of person with parental responsibility (1):**

**Address:**

**Phone number:**

**Email address:**

**Name of person with parental responsibility (2):**

**Address:**

**Phone number:**

**Email address:**

**Name of anyone for whom contact is prohibited:**

**Name of carer(s) if child is not living at home:**

###### Section 2 – Agencies involved with the child/young person.

**For those which do not apply, please put ‘not applicable’.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Name** | **Date last seen** | **Report included** |
| Educational Psychologist |  |  |  |
| Medway Paediatrician |  |  |  |
| Speech and Language |  |  |  |
| Occupational Therapy |  |  |  |
| Physiotherapy |  |  |  |
| Dietician |  |  |  |
| ADHD Nurse |  |  |  |
| CAMHS/NELFT |  |  |  |
| London Hospitals i.e. Evelina, Guys & St Thomas’ |  |  |  |
| Health Visitor |  |  |  |
| LAC Nurse |  |  |  |
| Advisory Teacher for Visual Impairment |  |  |  |
| Advisory Teacher for Hearing Impairment |  |  |  |
| Attendance and advisory |  |  |  |
| Medway Inclusions Team |  |  |  |
| Social Services i.e. Social Worker, Early Help |  |  |  |
| Outreach Teams |  |  |  |
| Other |  |  |  |

**Section 3 – Summary of SEN**

What are the special educational needs of this pupil as set out in the Education, Health and Care Plan (EHCP)?

*A brief summary of the pupils needs as detailed in the current EHC Plan* ***must*** *be recorded here:*

#### **Section 4a– Record/review of the existing Education, Health and Care outcomes**

#### 

**All outcomes and targets must be reviewed.**

**Each outcome must have a new yearly target set; this must be recorded in Section 4b.**

#### Existing Education, Health and Care Outcome – **Communication & Interaction**

Current **outcome** in EHCP:

Current school/college **target** to meet outcome:

#### How the **outcome in EHCP** was reviewed?

|  |  |  |
| --- | --- | --- |
| Views | Strengths – what is working well in relation to the outcome. | Special Educational Needs – what is not working well in relation to the outcome, identify any remaining needs in this area. |
| Child / young person |  |  |
| Parents |  |  |
| Others (including professionals) |  |  |

|  |
| --- |
| What special education provision is in place to support the special educational needs identified above: (please detail from costed provision map) |

**School’s interim target to meet outcome met?** (yes/no)

If yes, detail new target in Section 4B

**Has the main outcome been met, or has it expired (end of Key Stage)?** (met/expired)

If so, please detail new outcome (if required) in Section 4B

**Is the main outcome above still appropriate?** (yes/no)

If no, please detail new outcome (if required) in Section 4B

Existing Education, Health and Care Outcome 2 – **Cognition & Learning**

Current **outcome** in EHCP:

Current school/college **target** to meet outcome:

#### How the **outcome in EHCP** was reviewed?

|  |  |  |
| --- | --- | --- |
| Views | Strengths – what is working well in relation to the outcome. | Special Educational Needs – what is not working well in relation to the outcome, identify any remaining needs in this area. |
| Child / young person |  |  |
| Parents |  |  |
| Others (including professionals) |  |  |

|  |
| --- |
| What special education provision is in place to support the special educational needs identified above: (please detail from costed provision map) |

**School’s interim target to meet outcome met?** (yes/no)

If yes, detail new target in Section 4B

**Has the main outcome been met, or has it expired (end of Key Stage)?** (met/expired)

If so, please detail new outcome (if required) in Section 4B

**Is the main outcome above still appropriate?** (yes/no)

If no, please detail new outcome (if required) in Section 4B

Existing Education, Health and Care Outcome – **Social, Emotional & Mental Health**

Current **outcome** in EHCP:

Current school/college **target** to meet outcome:

#### How the **outcome in EHCP** was reviewed?

|  |  |  |
| --- | --- | --- |
| Views | Strengths – what is working well in relation to the outcome. | Special Educational Needs – what is not working well in relation to the outcome, identify any remaining needs in this area. |
| Child / young person |  |  |
| Parents |  |  |
| Others (including professionals) |  |  |

|  |
| --- |
| What special education provision is in place to support the special educational needs identified above: (please detail from costed provision map) |

**School’s interim target to meet outcome met?** (yes/no)

If yes, detail new target in Section 4B

**Has the main outcome been met, or has it expired (end of Key Stage)?** (met/expired)

If so, please detail new outcome (if required) in Section 4B

**Is the main outcome above still appropriate?** (yes/no)

If no, please detail new outcome (if required) in Section 4B

#### Existing Education, Health and Care Outcome – **Sensory & Physical**

Current **outcome** in EHCP:

Current school/college **target** to meet outcome:

#### How the **outcome in EHCP** was reviewed?

|  |  |  |
| --- | --- | --- |
| Views | Strengths – what is working well in relation to the outcome. | Special Educational Needs – what is not working well in relation to the outcome, identify any remaining needs in this area. |
| Child / young person |  |  |
| Parents |  |  |
| Others (including professionals) |  |  |

|  |
| --- |
| What special education provision is in place to support the special educational needs identified above: (please detail from costed provision map) |

**School’s interim target to meet outcome met?** (yes/no)

If yes, detail new target in Section 4B

**Has the main outcome been met, or has it expired (end of Key Stage)?** (met/expired)

If so, please detail new outcome (if required) in Section 4B

**Is the main outcome above still appropriate?** (yes/no)

If no, please detail new outcome (if required) in Section 4B

#### Existing Education, Health and Care Outcome **– Independence & Community**

Current **outcome** in EHCP:

Current school/college **target** to meet outcome:

#### How the **outcome in EHCP** was reviewed?

|  |  |  |
| --- | --- | --- |
| Views | Strengths – what is working well in relation to the outcome. | Special Educational Needs – what is not working well in relation to the outcome, identify any remaining needs in this area. |
| Child / young person |  |  |
| Parents |  |  |
| Others (including professionals) |  |  |

|  |
| --- |
| What special education provision is in place to support the special educational needs identified above: (please detail from costed provision map) |

**School’s interim target to meet outcome met?** (yes/no)

If yes, detail new target in Section 4B

**Has the main outcome been met, or has it expired (end of Key Stage)?** (met/expired)

If so, please detail new outcome (if required) in Section 4B

**Is the main outcome above still appropriate?** (yes/no)

If no, please detail new outcome (if required) in Section 4B

Section 4B – Summary of outcomes and targets for review at next PCAR

Date of Person Centred Annual Review:

|  |  |  |
| --- | --- | --- |
| Outcome (existing or new) | New Target set | Supported by |
| Communication |  |  |
|  |  |  |
| Cognition & Learning |  |  |
|  |  |  |
| Social, Emotional & Mental Health |  |  |
|  |  |  |
| Motor, Sensory & Physical |  |  |
|  |  |  |
| Independence & Community |  |  |
|  |  |  |

Section 5 - Current status of EHCP

Have the outcomes for the following needs, detailed in the EHCP been met or expired? Please complete “met” or “expired” columns – not both

|  |  |  |
| --- | --- | --- |
|  | Met successfully i.e. no longer has a need in this area (Yes or no) | Expired (has reached end of Key Stage) |
| Cognition and learning |  |  |
| Communication and interaction |  |  |
| Sensory and physical |  |  |
| Social, emotional and mental health |  |  |
| Independence and community involvement |  |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| If the child/young person is in a special school, is he/she able/ready to be included in a mainstream school? |  |  |
|  |  |  |
|  | Yes | No |
| If yes, should the EHCP cease |  |  |

If “no”, please state why not?

|  |
| --- |
|  |

Section 6 - FILL IN THIS SECTION ONLY IF A NEW NEED HAS BEEN IDENTIFIED

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Does the child/young person have a new need or diagnosis  (not detailed in the EHCP)? |  |  |

Detail(s) of new need and name of medical professional who has made the diagnosis:

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Medical letter confirming new diagnosis attached?  (if evidence is not provided the EHCP **will not** be updated) |  |  |

|  |  |
| --- | --- |
| **Agreed new outcome (to meet new need)**  **Must be added to Summary Sheet** |  |
| **Agreed interim target:**  **Must be added to Summary Sheet** |  |
| How did we agree to make this happen (provision) |  |
| Who will support this? |  |
| If the child / young person or family was not able to give this information about this at the meeting - please evidence how you know their views about this |  |

#### **Section 7 – Education (academic) profile of the child / young person**

**THIS SECTION MUST BE COMPLETED**

#### This section shows what academic levels and the academic progress has being made by the child / young person in the last year.

**Please include guidance on levels used.**

**Early Years Foundation Stage Curriculum (COMPLETE ONLY IF RELEVANT)**

|  |  |  |
| --- | --- | --- |
| **EYFS areas of learning** | **EYFS level – previous year** | **EYFS – current level** |
| **Personal Social & Emotional** |  |  |
| Making relationships |  |  |
| Self Confidence and Self Awareness |  |  |
| Managing Feelings and Behaviour |  |  |
| **Communication and Language** |  |  |
| Listening and Attention |  |  |
| Understanding |  |  |
| Speaking |  |  |
| **Physical Development** |  |  |
| Moving and Handling |  |  |
| Health and Self Care |  |  |
| **Literacy** |  |  |
| Reading |  |  |
| Writing |  |  |
| **Mathematics** |  |  |
| Number |  |  |
| Shape, Space and Measure |  |  |
| **Understanding the world** |  |  |
| People and communities: |  |  |
| The world: |  |  |
| Technology |  |  |
| **Expressive arts and design** |  |  |
| Exploring and using media and materials: |  |  |
| Being imaginative: |  |  |

### Section 7– Education (academic) profile of the child / young person

* **Interventions in place to support the child/young person**
* **A copy of the latest costed provision map to detail the type, level and frequency support in place must be attached.**

**THIS SECTION MUST BE COMPLETED. Please include guidance on levels used.**

**ACADEMIC LEVELS:**

*Please detail below the pupil’s academic levels and the expected academic levels for their age. Please detail the actual level,* ***not*** *“below age expected”.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Subject | Level 12 months ago | Expected peer group level (12 months ago) | Level 6 months ago | Expected peer group level (6 months ago) | Current level | Expected peer group level |
| English reading |  |  |  |  |  |  |
| English writing |  |  |  |  |  |  |
| Maths |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Reading age:** |  |
| **Chronological age at time of test:** |  |
| **Test used:** |  |
| **Spelling age:** |  |
| **Chronological age at time of test:** |  |
| **Test used:** |  |
| **Comprehension age:** |  |
| **Chronological age at time of test:** |  |
| **Test used:** |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Has the child/young person made the expected academic progress against their needs? |  |  |
| Has the child/young person made more academic progress than expected since the last Review? |  |  |

Section 8 – Personal Budget- Only to be completed if a Personal Budget is detailed in section J of the Education Health and Care Plan

The review of the EHC plan should include the review of any existing Personal Budget arrangements including the statutory requirement to review any arrangements for direct payments

Current Personal Budget as detailed in section J of the EHC plan

**How the Personal Budget will be used to deliver provision**

|  |  |
| --- | --- |
| **Social Care Outcome:** |  |
| Outcome |  |
| Need |  |
| Method of payment |  |
| Recipient |  |
| Service |  |
| **Health Outcome:** |  |
| Outcome |  |
| Need |  |
| Method of payment |  |
| Recipient |  |
| Service |  |
| **Education Outcome:** |  |
| Outcome |  |
| Need |  |
| Method of payment |  |
| Recipient |  |
| Service |  |

**Detail below any changes to personal budget(s) and the reason, if changes required.**

|  |
| --- |
|  |

SEN OFFICER TO NOTIFY RELEVANT AGENCY IF CHANGES REQUIRED - add to section 12

Section 9 - Transition Years- This section must be completed at transition points (years 2 and 5)

Where this is an Annual Review to inform a transfer to junior school or secondary school, what are the parents’/carers wishes for the child when he/she is due to transfer?

|  |
| --- |
|  |

Section 10 – Anything else that people wanted to be recorded at the meeting and/or requests for changes to the plan?

Please include all comments/discussions not previously recorded. This can also include any disagreements, and requests.

Attach minutes as appropriate

|  |
| --- |
| **Child / young person comments/requests for changes:** |
| **Parent comments/request for changes:** |
| **Others comments (please state role):** |

**Section 11 - Pupil Profile**

|  |
| --- |
| **What’s important to me:** |
| **What I’m good at** |
| **What I would like to do in the future** |
| **How I like to be supported** |
| **How to communicate with me** |

**Words by:**

**Written by:**

**Section Action 12 - FUTURE ACTIONS**

What actions need to be taken following this Annual Review and who needs to take them?

**For example change of placement; additional diagnosis to be added; new interventions to be undertaken by the school; requests for further information.**

|  |  |  |
| --- | --- | --- |
| Action | By whom | By when? |
|  |  |  |

### PCAR cannot be accepted without a signature, as it is a statutory document. It will be returned if unsigned.

### Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Please Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **List of included documentation** *(please attach all relevant reports)* | Tick √ where applicable |
| School report |  |
| Latest medical report to detail diagnosis/CAMHS report |  |
| Latest educational psychology report |  |
| Latest speech and language report |  |
| Latest occupational therapy report |  |
| Latest report from advisory teacher for HI |  |
| Latest report from advisory teacher for VI |  |
| Latest report from outreach team(s) |  |
| Latest costed provision map |  |
| Copy of the reviewed school/college based plan |  |
| Other |  |

### 

**This document must be returned to the Local Authority within 10 days of the Person Centred Annual Review**