

The Head Teacher's Report of the Annual Review Meeting

Date of this Annual Review: Date of last Annual Review:

Pupil details

Surname: Forename:

Date of birth: Gender: male female

Home address:

Postcode: School:

Is this protected information? yes no

Looked After yes no

National Curriculum Year:
(including offset)

If Yes, LAC Status:

Date of original statement: Date of latest final statement:

Unique pupil no: Language spoken at home:

Parent/carers details

Name of parent/carer:

Name of parent/carer:

Address of parent/carer:

Address of parent/carer:

Telephone number:

Telephone number:

Relationship to pupil:

Relationship to pupil:

Attendance at the Review Meeting

Please record all those involved/invited and/or who attended the review meeting (see SEN Code of Practice 9:16)

Name	Designation	Involved	Invited	Attended	Written evidence provided

Pupil's Attendance

School attendance since last annual review meeting:

Have there been any significant periods/patterns of absence since the last review? yes no

If 'Yes' please provide details:

Have there been any exclusions, permanent or fixed. If so, please identify number and length of them.

Areas of Need

Please identify below the areas of need for the pupil. If there is more than one can you please state which is the primary.

- | | |
|---|--|
| Specific Learning Difficulty (SpLD) <input type="checkbox"/> | Behaviour, Emotional & Social Difficulty (BESD) <input type="checkbox"/> |
| Moderate Learning Difficulty (MLD) <input type="checkbox"/> | Social & Communication including (including Autistic Spectrum Conditions (ASD)) <input type="checkbox"/> |
| Severe Learning Difficulty (SLD) <input type="checkbox"/> | Visual Impairment (VI) <input type="checkbox"/> |
| Profound & Multiple Learning Difficulty (PMLD) <input type="checkbox"/> | Hearing Impairment (HI) <input type="checkbox"/> |
| Speech, Language & Communication Needs (SLCN) <input type="checkbox"/> | Physical Disability (PD) <input type="checkbox"/> |

Primary need:

Secondary need (if any):

Support Arrangements

Please provide clear details of current support arrangements from the school's resources and additional Local Authority funding.

Source	Who is providing support, e.g. Qualified Teacher, Specialist Support Assistant, Learning Support Assistant	Time allocated	Usual frequency, e.g. No. of times each week support given	Method of support	If group support, usual group size	If class support, usual class size
Support using resources provided directly by the Statement of SEN for this pupil.				<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> In Class		
Support provided for this pupil from school's own resources, e.g. In Class Support, Homework Club, etc				<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> In Class		
Support from LA Specialist Service, e.g. Teacher of VI/ HI, Learning Support				<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> In Class		
Support using external agencies resources, e.g. SALT, OT, Physio				<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> In Class		

Objectives

Please describe the progress made towards achieving the objectives in Part 3 of the Statement, as evidenced within the Educational Advice.

Please insert additional objectives depending on the child's statement.

Statement Objectives	Progress	
	Comments	Score (see key below)
1.		
2.		
3.		
4.		
5.		
6.		

Key: 1 – No progress; 2 – Some progress; 3 – Excellent progress; 4 – Objective achieved or no longer relevant

Targets

Please set out the SMART targets agreed for the next twelve months.

The targets should link directly to the objectives on the Statement and should be additional to or different from those within the normal differentiated curriculum.

Target 1 - Statement Objective that target links to:
Target 2 - Statement Objective that target links to:
Target 3 - Statement Objective that target links to:
Target 4 - Statement Objective that target links to:
Target 5 - Statement Objective that target links to:
Target 6 - Statement Objective that target links to:

Parent and Pupil Contributions

Please confirm that the pupil/young person's views are appended to this report yes no

If the pupil's/young person's views are not available, please give the reason for this

Any additional comments expressed by the pupil/young person at the meeting

Please confirm that the views of those with parental responsibility are appended to this report

yes no

If they are not available, please give the reason for this

Any additional comments expressed by those with parental responsibility at the meeting

Review of Statement of Special Educational Needs

Part 1 of the Statement - Introduction

Please identify any changes to Section 1 of the pupil's statement since the last review

Part 2 of the Statement – Special Educational Needs

Is Part 2 of the Statement still an accurate description of the pupil's needs? yes no

If No, please identify **clearly** what the changes are in the space below or attach a copy of the Statement with changes clearly marked

Part 3 of the Statement – Objectives

Following discussion of the statement objectives and the resultant targets for the next 12 months, are there any amendments to the objectives? Please identify below any new/amended objectives.

1.
2.
3.
4.
5.
6.

Part 3 of the Statement – Educational provision to meet needs and objectives

Please state below any specific changes required to the educational provision identified within the statement.

1.
2.
3.
4.
5.
6.

Part 4 of the Statement - Placement

Please state below if it is considered there should be a change of placement.

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Part 5 of the Statement – Non Educational Needs

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Part 6 of the Statement – Non Educational Provision

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Review of Related Plans

Transition Plan (only applies to young people in Year 9 and above)

If the young person is in Year 9, please confirm that a Transition Plan has been prepared and is attached

yes no

If the young person is in Year 10 or above, please confirm that the reviewed Transition Plan is attached

yes no

Personal Educational Plan (only applies to 'Looked After Children')

Does the school have a copy of the current Personal Education Plan?

yes no

If 'No' please comment:

Health Care Plan

Does the pupil have a Health Care Plan?

yes no

If 'Yes' please review and attach to this report

Comments:

If 'No' but the pupil has routine medication, please review the medication arrangements

Comments:

Travel Planning

Does the pupil/young person have travel assistance?

yes no

If 'Yes' is this still considered appropriate?

yes no

If 'Yes' what steps are you taking to help make the pupil/young person travel independently?

Recommendations of the Meeting

Please summarise the key recommendations that have been agreed within the review meeting.
For example: change of provision such as ARMS/special school, additional support requirements.

Please summarise key actions, and identify who will progress the action. For example: further assessment required by an educational psychologist, referral to a health related service.

If the pupil is currently a Year 5 child or a Year 1 child in an Infant only school, please indicate the likely type of placement being considered for secondary/junior school transfer and give reasons:

Was this report agreed by all those present? yes no

If 'No' please record the different views expressed and by whom

Signature of Head Teacher:

Name:

Date:

Recommendation Checklist

Should the statement continue to be maintained? yes no

Are there any changes to any section of the statement? yes no

Is the Local Authority to consider a change of placement? yes no

Is the Local Authority to consider a change in support arrangements for the pupil? yes no

Document Checklist

Is the Educational Advice attached? yes no

Are the parent views attached? yes no

Are the pupils views attached? yes no

If appropriate, has a Health Care Plan been attached? yes no

If appropriate, has a provision map been attached? yes no

If applicable, is a transition plan attached? yes no

Have you annotated Part 2 of the statement with changes, is this attached? yes no