**Parent/Carer**

**Views and wishes**

**for the**

**Annual Review of an**

**Education, Health and Care plan**

* An Education, Health and Care plan must be reviewed at least once per year to check it is still meeting needs and that everything is working well.
* The annual review of your child’s Education, Health and Care plan is a chance for you and your child to meet with the people who are involved with your child so that you can tell them your views and wishes for the future and how you think your child is getting on.
* This form gives you and your child the chance to think about your views, wishes and goals and get them written down before the annual review meeting.
* If you and your child need help to think through the questions and write down your your views and wishes please let your child’s educational setting know.
* Your child may also be asked to give their views by someone at their educational setting.
* The annual review meeting is important because it is a chance to review whether the provision written into your child’s Education, Health and Care plan is meeting their needs.
* It is important that you attend to the meeting and so if you need the date and/or time to be rearranged, please let your child’s educational setting know as soon as possible.

**Section A information**

**Child/young person’s contact information**

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| --- | --- | --- | --- |
| **Surname** |  | **Other names** |  |
| **Address including postcode** |  |
| **Date of Birth** |  | **Gender** |  |
| **Religion** |  | **Ethnicity** |  |
| **Home Language** |  | **Interpreter required (Y / N)** |  |
| **The year group CYP is learning in** |  | **Actual year group for age of CYP** |  |
| **Primary Special Educational Need** |  | **Additional needs** |  |
| **Diagnosis** |  | **Legal care status**  |  |

**Parent/carer contact information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname and title** |  | **Other names** |  |
| **Address including postcode (if different from child)** |  |
| **Home tel. number** |  |
| **Mobile tel. number** |  |
| **Work tel. number** |  |
| **Email address**  |  |
| **Home Language** |  | **Communication needs eg interpreter, BSL, N/A** |  |

**Parent/carer contact information (continued)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname and title** |  | **Other names** |  |
| **Address including postcode (if different from child)** |  |
| **Home tel. number** |  |
| **Mobile tel. number** |  |
| **Work tel. number** |  |
| **Email address**  |  |
| **Home Language** |  | **Communication needs eg interpreter, BSL, N/A** |  |

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| **Child/young person’s views** |
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| **Tell us about your family, school and friendships** |
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| **What do you enjoy? Who with? What are you good at?** |
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| **What do you find difficult? What do you need to help you?** |
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| **What are your aspirations, goals, wishes, hopes and ambitions?** |
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| **How do you want to be given information?****e.g. talking, signing, pictures, technology** |
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| --- |
| **How can we involve you in decision making and make sure that your choices are listened to and understood?**  |
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| **Parent/carer views** |
| **What is your child / young person good at in the following areas?** |
| **Speaking, listening and joining in** |
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| **Knowledge, skills and understanding** |
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| **Feelings and friendships** |
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| **Hearing, listening, physical and independent skills** |
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| **What are your aspirations, goals, wishes, hopes and ambitions for your child?** |
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| **What would you like your child / young person to be able to do?** |
| **In the next 12 months** | **In the next 5 years** |
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| **What skills do they need to develop to make these things happen?** |
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| **Who and what would help or support him / her to achieve this?** |
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| **My story so far** |
| **CYP’s history including the views of parents / carers and professionals about CYP’s needs now and in the future. Please keep information current,** **but include relevant history.** |
|  |

**Information sharing & data protection statement**

This form may be reviewed for quality assurance purposes. Identifying information will always be removed from reporting and the process will not affect the service the child/young person/family receive.

Norfolk County Council Children’s Services use the information in this form in the Education, Health and Care plan **Annual Review process** and, if applicable, use the information to assess and evaluate whether the service has been successful in improving outcomes.

Norfolk County Council may also share relevant information on a confidential basis with the Department for Education and Local Government, other Government agencies and other public bodies involved with the implementation of the new legislation as required to meet statutory obligations.

The information that you and other professionals provide will normally be shared with your consent. Examples of situations when we may share information without your consent are:

* If we need to find out urgently if a child is at risk of harm or we need to help a child who is at risk of harm.
* If we need to help an adult who is at risk of harm.
* If we need to help prevent or detect a serious crime.

**Consent\***

**I understand** the information gathered will be stored and used in the Education, Health and Care plan **Annual Review** **process** and/or in recommending other services to me.

**If there is any individual or organisation who you would not wish information to be shared with? Please give name and reason why**:

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**Important:** by ticking the Consent box you are confirming that consent has been given from you, the to share the information between the educational setting, health services, social care or other professionals as necessary.

**Consent\***  By ticking this box I agree to the gathering and sharing of information between my educational setting, health services, social care or other professionals as necessary.

|  |  |
| --- | --- |
| **Name:\***  |  |
| **Date: \*** |  |

If you think of something else you want to tell us after you have sent this form in, please don’t worry, you can tell us later in the process.