

# Educational Health and Care Plan Annual Review Guide

A young person's Educational Health and Care Plan (EHCP) Annual Review is used to look at how they are progressing in education, health and care ensuring their EHCP is a good reflection of their progress and needs.

This form has been co-produced with young people to meet their different needs.

These include:

Form 1.a: EHCP Annual Review Form Colour and Images.

Form 1.b: EHCP Annual Review Form Colour No Images.

Form 1.c: EASY READ EHCP 1 PAGE Annual Review Form Colour and Widgets

Form 2.a: EHCP Annual Review Black and White and Images

Form 2.b: EHCP Annual Review Form Black and White No Images

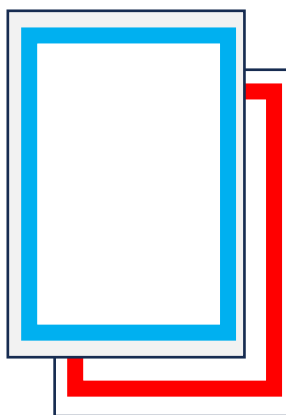
This is **form 1.a. EHCP Review Form Colour and Images**

Form 1.a can be used in multiple ways, including:

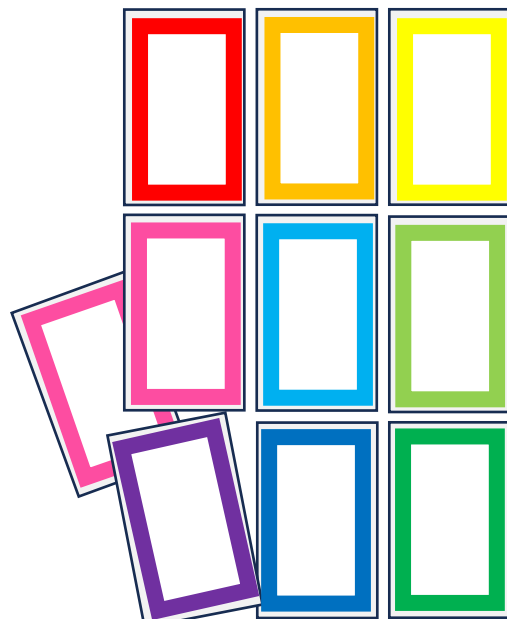
Online Word Document on Computer or Laptop



Printed Work Booklet



Printed Table Layout



Young people can use the form, in any way that best meets their needs – e.g. writing, drawing, taking photographs or having someone write for them.

Please remind young person of the “draw” or “photo” widgets if they would like to share their feedback through pictures. You can then use this as a prompt to fill boxes in in more detail.

If you are struggling to get a response from your young person, pay close attention to the “How I like to communicate” section.

If the young person cannot think of an answer, (e.g., “I don’t know”), or is giving brief answers, (e.g. “I like football”), use the written examples as a starter points and ask open-ended questions. You can also include your and other’s experience of the young person, stating “in class I see you like to work as part of a team and share your ideas. How does this make you feel?”

Finally, there is a 1 page **“Page About Me”** template at the end of the form.

What I enjoy	What I am good at	How I like to communicate
My Life Skills	About me Name: <input type="text"/>	My Medical and Health Needs
My long-term goals	My short-term goals	How others can best support me

**This will include the most important information a young person wants to share about themselves, keeping the page to track their goals and sharing their preferences with relevant adults.**

If you are completing this form online and are struggling to see, remember you can use the zoom function, or use an EASY READ form.

# My Educational Health and Care Plan Annual Review

Name:

Date of Birth:

Me or something that is important to me:



# What I enjoy



## When I'm learning:

Think about things that you like in education, such as ...



"numbers"

"reading"

"being active"

## When I'm elsewhere:

Think about things you enjoy doing, such as...



"spending time with family"

"gaming"

"going outside"



# What I am good at



## When I'm learning:

Think about something you have achieved this year, such as...



"being patient"

"getting a good grade in Math's"

"taking part in activities"

What does this look like? Any examples?

"I am more patient and listen to other people in my lessons"

## When I'm elsewhere:

Think about something you have achieved this year, such as...



"making new friends"

"sharing my space with others"

"taking up a new activity"

What does this look like? Any examples?

"I listen to my Mum when she asks me to do something"



# How I like to communicate



How I like to communicate. Please tick all that apply.

Speaking		Using my hands	
Makaton		Sign language	
Using widgets		Writing	
Drawing		Text-to-speak (apps)	
Hearing loops		Showing pictures	
Typing		Listening	
I need to be shown			

Something else:

What works well and why? For example...

"I need somebody to talk to me face to face and not behind me as I struggle to hear them"

"I struggle to know if people are being funny or serious so, please say what you mean"

"I find it helpful to be given 1 or 2 clear written instructions to guide me when trying something new"



# My Medical and Health Needs



My General Medical and Health Needs, such as...

"I have epilepsy"

"I have a learning disability"

"I have a visual /hearing impairment"

"I have a syndrome, e.g., downs syndrome"

"I need help moving around"

"I need help with personal care"

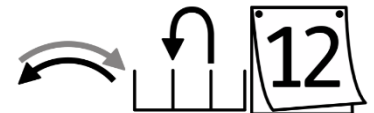
"I have an allergy"

"I don't know"

Any changes in the last 12 months? Such as...

"I broke my leg"

"I now have a new electric wheelchair"



"My epilepsy medication has changed and now I am having less seizures"

"I am waiting for appointments about my needs"

"I am now able to communicate using a Text-to-Speech app"



# How others can best support me



When I'm Learning, I need...



"to move around as this helps me concentrate"

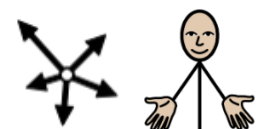
"clear instructions"

"to be given time to think and make decisions"

"members of staff to acknowledge my success"

"verbal and written instructions"

When I'm elsewhere, I need...



"time to do the things I enjoy"

"people to listen to me"

"my medication to be nearby"





# My short-term goals (something I want to do very soon)



What I want to achieve over the next year  
in and out of education, such as...



"I am going to join a club to learn a new skill and meet new people"

"I'm going to save £1 a day to buy a new game"

"I'm going to ask a staff member when I need help"

To do these things, I need....

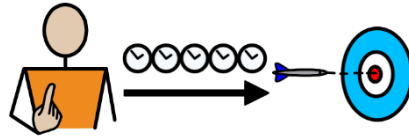
"Staff members to listen to me"

"to make and use a visual timetable"



M	T	W	T	F
•	•		•	
	•			•

# My long-term goals (something I want in the future)



When I am older, I want ...

“to get a job”

“to drive”

“go out with my friends in the community”

“buy my own house”



To do these things, I need....

“clear steps to access the information I need”

“others to believe in me”

“to talk to a careers advisor”



# My Life Skills

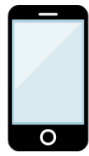


	Life Skill	Yes, I can do this well	No, I don't know but want to learn	No, I don't know and am not ready to learn	Doesn't apply to me
Self-management	Do you know how to read clocks and use time?				
	Do you know how to organise your time?				
	Can you read timetables?				
	Do you know your home address?				
	Do you know your own home or mobile number from memory?				
	Do you know someone else's phone number from memory?				
	Do you know what to do if you are lost in a strange place?				
	Do you know what safe spaces in your community, such as libraries, charity shops and police stations?				
	Do you know where safe spaces are in your community?				
Managing my money	Do you know how money works?				
	Can you spend your money safely?				
	Do you know how to save your money?				
	Do you have your own bank account(s)?				



# My Life Skills

	Life Skill	Yes, I can do this well	No, I don't know but want to learn	No, I don't know and am not ready to learn	Doesn't apply to me
My House	Do you have your own front door key?				
	Can you cook safely?				
	Can you clean safely, using bleach for example?				
	Can you use a dishwasher?				
	Can you use kitchen equipment safely, such as the oven, hob, microwave, air fryer or toaster?				
	Can you use a washing machine?				
	Can you use an iron?				
My Health	Can you communicate how you are feeling?				
	Do you think you have good mental health?				
	Can you ask for support for your mental health if you need it?				
	Do you feel like you manage your mental health needs?				
	Can you organise your own medical appointments?				



# My Life Skills



	Life Skill	Yes, I can do this well	No, I don't know but want to learn	No, I don't know and am not ready to learn	Doesn't apply to me
My Health	Do you understand sex and contraception?				
	Do you understand women's periods?				
	Can you manage your own personal hygiene, such as washing your body or brushing your teeth, alone or with support from a carer or Personal Assistant?				
	Can you ask someone questions about your changing body?				
Technology	Can you use the internet safely, not talking to strangers for example?				
	Do you have a mobile phone you can call and text on?				
	Can you use a computer, laptop or tablet?				
Travel	Can you travel without support (apart from with a carer)?				
	Can you use the bus?				
	Can you use trains?				
	Can you read public transport timetables?				
	Can you drive?				
Employment and Volunteering	Do you have a CV?				
	Do you volunteer?				
	Do you have a job?				

What I enjoy

What I am good at

How I like to communicate

My Life Skills

**A Page About Me**

Name:

My Medical and Health Needs

My long-term goals

My short-term goals

How others can best support me



# Extra pages

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# Extra pages

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