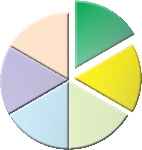
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Pre Annual Review Report: School

**To be completed by the school and sent to the Local Authority, parents/carers and practitioners 10 working days prior to the Annual Review**

|  |  |
| --- | --- |
| **Name of Child/Young Person** |  |
| **Date of Birth** |  |
| **National Curriculum Year/Year of study at College** |  |
| **Name of Placement** |  |
| **Date and time of Annual Review** |  |
| **How will parents and carers participate in the Annual Review Process? Do they require any support to enable them to do so?** |  |
| **How will the child/young person participate in the Annual review Process? How will they be supported to do so?** |  |

****

**Celebrating Success and Planning the Future**

|  |  |
| --- | --- |
| **What has gone well?** | **What could have gone better?** |
|  |  |

**Progress towards Outcomes (please delete rows as necessary)**

|  |  |
| --- | --- |
| **Education, Health and Care Plan Outcomes** | **Has this outcome been achieved? Describe progress.**  **Is another outcome needed? (New outcomes are not required every year)**  **What needs to stay the same / continue? What needs changing / further discussion and planning at the Annual Review meeting?**  **This section should be discussed in the review meeting and suggested changes to outcomes and provision reflected in the annual review summary** |
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**Child/Young Person’s Current Attainment**

If ‘working below’ age related expectations, please give a clear indication of where the child is working i.e. how far below

|  |  |  |
| --- | --- | --- |
| **Assessment Type**  *(Attainment / examination, name of standardised test)* | **Previous Year** | **Current Year** |
|  |  |  |
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**Resources and Provision**

Does the child/young person have a SEN personal budget or direct payment? Yes/No

Do they have specific support in school/college? Yes/No

|  |  |  |
| --- | --- | --- |
| **Provision** | **Frequency and duration** | **Impact of provision** |
|  |  |  |
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|  |  |
| --- | --- |
| Name of person completing this form |  |
| Date |  |
| Copied to |  |
| Signature of Head Teacher/Principal |  |

**Please ensure that the following documents are included with this report:**

|  |  |
| --- | --- |
| List of invitees / attendees |  |
| Copies of Support and Achievement Plans |  |
| Updated professional reports from the past year |  |
| Provision Map showing how funding is used (see page ‘Resources and Provision’ section above) |  |
| Copies of school reports and progress tracking |  |
| Views of the child/young person and parent/carer |  |