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**CONVERSION OF SEN STATEMENTS & LDAs TO EHC PLANS**

**Transition Review Form**

**Child/Young Person Name:**

**D.O.B:**

**Year Group:**

**Name of the educational setting:**

Date of the last review

Date of this year’s review:

Key Stage transfer review YES/NO

Transition review YES/NO

Date of Issue – April 2015

PARTICIPATION FORM

Education, Health and Care Plan

For Young People aged 16 years and over only

Young Person Details

Full Name: ---------------------------------------------------------------------------

Address: ---------------------------------------------------------------------------

----------------------------------------------------------------------------

Tel No/Mobile No: ----------------------------------------------------------------------------

Date of Birth: ----------------------------------------------------------------------------

Current school/ Setting: ----------------------------------------------------------------------------

I understand that under the **Children and Families Act 2014** I may be entitled to an Education, Health and Care assessment.

□ I understand this may be offered and the benefits of having one have been explained to me but I do not feel that I need one.

□ I understand that this may be offered and the benefits of having one have been explained to me. I agree that my SEND Coordinator should complete one with me.

Print Name: --------------------------------------------------------------

Signed: ---------------------------------------------- Date: --------------------------

(Young person)

(If you are signing on behalf of a young person as a parent or carer please state your name and signature)

Print Name: ------------------------------------------------------------------

Signed: ---------------------------------------------- Date: --------------------------

(Parent/Carer)

**Part 1: Personal Details –Child / Young Person**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CHILD / YOUNG PERSON | | | | | |
| Surname: | | | Other Names Preferred name: | | |
| Home Address: | | | Gender:  Religion:  Ethnicity: | | |
| Date of Birth:  NHS No.    GP Name    Address  Tel No | | | Home Language:  Legal Care Status:  Child/YP/Adult email: | | |
| My family and people who are important to me | | | | | |
| **Name** | **Why are they important to me (relationship)\*** | **Address** | | **Tel no.** | **Email** |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |

**Part 2: All about me**

|  |  |  |
| --- | --- | --- |
|  | Child / Young person’s views | Parent / Family view |
| What is important to you and what do your family feel is important to you? |  |  |
| My Journey so far? |  |  |
| Hobbies, interests and favourite activities? |  |  |
| What is working well? |  |  |
| What is not working so well and could be changed? |  |  |
| Hopes and aspirations for the future? |  |  |

**2.1 Has anything happened in your life during the last year that you think was very important?**

|  |  |
| --- | --- |
| Yes, please describe |  |
| No |  |

**Part 3 Educational Assessments and Progress**

**3.1 Analysis of academic progress:**

|  |
| --- |
| Please comment on academic progress over the last 12 month period (please specify period)  Dates: From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |

**3.2 Analysis of other progress:**

|  |
| --- |
| Please comment on progress that has been made in other areas for example, social development, independence, confidence? |
|  |

* 1. **Educational Attendance:**

|  |  |
| --- | --- |
| Attendance % |  |

Please attach attendance certificate.

**Progress and Attainment**

Teacher / Tutor and Test Assessments (complete as applicable) - please indicate if results are achieved with support by adding (S) next to the level.

|  | KS1 | | | | | | KS2 | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nursery | Reception | | 1 | | 2 | 3 | | 4 | 5 | 6 |
| English |  |  | |  | |  |  | |  |  |  |
| Speaking |  |  | |  | |  |  | |  |  |  |
| Listening |  |  | |  | |  |  | |  |  |  |
| Reading |  |  | |  | |  |  | |  |  |  |
| Writing |  |  | |  | |  |  | |  |  |  |
| Maths |  |  | |  | |  |  | |  |  |  |
| Using and applying number |  |  | |  | |  |  | |  |  |  |
| Shape, space and measure |  |  | |  | |  |  | |  |  |  |
| Science |  |  | |  | |  |  | |  |  |  |
| Reading Age |  |  | |  | |  |  | |  |  |  |
| Test Used |  |  | |  | |  |  | |  |  |  |
| Spelling Age |  |  | |  | |  |  | |  |  |  |
| Test Used |  |  | |  | |  |  | |  |  |  |
| Other Assessment |  |  | |  | |  |  | |  |  |  |
|  | KS3 | | | | | KS4 | | | Post-16 | | |
| 7 | | 8 | | 9 | 10 | | 11 | 12 | 13 | 14 |
| English |  | |  | |  |  | |  |  |  |  |
| Speaking |  | |  | |  |  | |  |  |  |  |
| Listening |  | |  | |  |  | |  |  |  |  |
| Reading |  | |  | |  |  | |  |  |  |  |
| Writing |  | |  | |  |  | |  |  |  |  |
| Maths |  | |  | |  |  | |  |  |  |  |
| Using and applying number |  | |  | |  |  | |  |  |  |  |
| Shape, space and measure |  | |  | |  |  | |  |  |  |  |
| Science |  | |  | |  |  | |  |  |  |  |
| Reading Age |  | |  | |  |  | |  |  |  |  |
| Test Used |  | |  | |  |  | |  |  |  |  |
| Spelling Age |  | |  | |  |  | |  |  |  |  |
| Test Used |  | |  | |  |  | |  |  |  |  |
| Other Assessment |  | |  | |  |  | |  |  |  |  |

**Part 4: Special Educational Needs**

Please describe the child/young person’s strengths and needs, long term outcomes and short term targets:

|  |  |
| --- | --- |
| Cognition and Learning | Strengths |
| Needs |
| Long term outcomes to be achieved by ……..? |
| Short term targets |

|  |  |
| --- | --- |
| Communication and interaction | Strengths |
| Needs |
| Long term outcomes to be achieved by ……..?  1  2 |
| Short term targets  1.  2.  3. |

|  |  |
| --- | --- |
| Social, Emotional and Well-being | Strengths |
| Needs |
| Long term outcomes to be achieved by ……..?  1.  2. |
| Short term targets  1.  2.  3. |

|  |  |
| --- | --- |
| Sensory and / or Physical | Strengths |
| Needs |
| Long term outcomes to be achieved by ……..?  1.  2. |
| Short term targets  1.  2.  3. |

|  |  |
| --- | --- |
| Self-help and independence skills and keeping safe | Strengths |
| Needs |
| Long term outcomes to be achieved by ……..? |
| Short term targets |

|  |  |
| --- | --- |
| Health needs, as described by educational setting  **(please only complete if relevant)** | Strengths |
| Needs |
| Long term outcomes to be achieved by ……..?  1.  2. |
| Short term targets  1.  2. |

|  |  |
| --- | --- |
| Social care needs in an educational setting  As resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970 or through adult social care provision being made under the Care Act 2014  **(please only complete if relevant)** | Strengths |
| Needs |
| Long term outcomes to be achieved by ……..?  1.  2. |
| Short term targets  1.  2. |

**Part 5: Strategies and Support for the child / young person**

5.1 Special educational strategies and support currently in place for child/young person:

| Level | What is Provided? | How often | By Whom? | Evidence of impact against agreed outcomes |
| --- | --- | --- | --- | --- |
| Whole Class |  |  |  |  |
| Small Group |  |  |  |  |
| Individual |  |  |  |  |

Please attach

* A copy of the timetable or provision map*.*
* Evidence of monitoring and evaluation.
  1. Health provision in place for the child/young person – **please complete only if relevant:**

|  |  |  |  |
| --- | --- | --- | --- |
| What is provided | How often? | By whom? | Evidence of impact against agreed outcomes |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Is a Health Care plan in place? YES / NO**

**If yes, please attach a copy.**

* 1. Other support that the child/young person accesses e.g. voluntary organisations, clubs, after school activities etc.?

|  |  |  |
| --- | --- | --- |
| What is accessed? | How often? | Supported by whom? |
|  |  |  |
|  |  |  |

**Part 6: Recommendations**

* 1. Does the current education, health and care support meet the needs and outcomes for the child/young person? YES / NO

**If no,** please complete the table below:

|  |  |  |
| --- | --- | --- |
| Which strategies / support should be discontinued or amended? | What is recommended? | How would this impact on agreed outcomes? |
|  |  |  |
|  |  |  |
|  |  |  |

6.2 Is there a need to change the educational placement? YES / NO

**If yes**, please give details:

|  |  |  |
| --- | --- | --- |
| Preferred educational placement option, including proposed course, if known.  Please indicate if the child/young person is transferring to secondary education or Post 16 years education | Who is making that preference? (setting, parent or young person ) | Please explain the reasons for this choice, if known at this stage? |
|  |  |  |

* 1. It is expected that existing reports and documents and this Transfer Review will be sufficient for an Education Health and Care Plan assessment and for drafting the EHC Plan.

**IF NOT** please give reasons why new reports/assessments are needed

|  |
| --- |
|  |

6.4 If the recommendation of the Transfer Review meeting is to request a new Education, Health and Care Plan Needs assessment, please complete the table below in order to clarify if any of the persons listed below need to provide further information or reports. ( **It is expected that for the majority of cases existing documentation will be sufficient to draft the EHC Plan)**

|  |  |
| --- | --- |
|  | Please tick if, in addition to the Transfer Review Report, existing documents/reports and further information will be submitted |
| Young person |  |
| Parent |  |
| Education Provider |  |
| Medical   * Paediatrician / GP * Integrated Therapy Service * CAMHS * Other |  |
| Educational Psychologist |  |
| Social Care |  |
| Other involved professional  – please list |  |

**Part 7: Travel to educational setting**

|  |  |  |  |
| --- | --- | --- | --- |
| 7.1 | How does the child/young person get to school? | | *Please tick* |
|  | 1. | Walking |  |
| 2. | Bike |  |
| 3. | Public bus |  |
| 4. | Coach |  |
| 5. | Minibus |  |
| 6. | Car |  |
| 7. | Taxi |  |

|  |  |
| --- | --- |
| 7.2 | What support, if any, can help the child/young person become more independent in the future, e.g., independent travel training, Duke of Edinburgh Award? |
|  |
|  |
|  |
|  |

**Consent to use existing documents/information**

I agree that the information attached to this Transfer Review and/ or my / the recent annual review/statement of SEN can be used to draft the Education, Health and Care plan.

|  |  |
| --- | --- |
| Signed: |  |
| Young Person ( if aged 16 years or over) |
| Please Print Name |
| Parents/Carers |
| Please print name |
| School/College/Setting – Head teacher/ Principal |
| Please print name |
| Review Facilitator *(where Person Centred Review Held)*  Please print name |