**Annual Review of an Education Health and Care plan or Statement of Special Educational Needs**

**Meeting notification**

**1. Details of child or young person**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of birth |  |
| Address |  | | |
| School, setting or college |  | NC year |  |
| Date of last annual review or date when EHCP issued | | |  |

**2. Details of the Annual Review meeting**

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Time |  |
| Location |  | | |

**3. Attendance by LA representative**

|  |  |
| --- | --- |
| **Please indicate if attendance by a local authority representative is a high priority** | |
| SEN Officer or Assistant SEN Officer | Yes/No |
| Educational Psychologist | Yes/No |
| **If attendance by a local authority representative is high priority please indicate the reasons** | |
| The child or young person is receiving an intensive early years intervention | Yes/No |
| There is a major transfer being discussed (transfer of school or provision placement) | Yes/No |
| The child or young person is in a residential placement within Oxfordshire | Yes/No |
| The child or young person is in an out of county residential placement | Yes/No |
| There is a danger of placement breaking down | Yes/No |
| There are changes in the child or young person’s circumstances likely to require significant amendments to the plan or statement | Yes/No |
| Other (please specify) | Yes/No |

**If you have significant concerns about a child or young person please discuss these before arranging the Annual Review meeting**

Please send this form to your SEN officer six weeks prior to the meeting