**Advice for**

**Transfer Review or EHC Plan**

**To be completed by an external agency**

**To be circulated to participants at least two weeks prior to the Annual Review**

**External agencies may have their own forms for advice which can be used in place of this one, but should include the information requested below.**

**To be completed by the setting:**

*Please tick the service completing this report:*

|  |  |  |  |
| --- | --- | --- | --- |
| Speech and Language Therapy Service |  | Physiotherapy Services |  |
| Occupational Therapy Service |  | CAMHS |  |
| Educational Psychology service |  | Advisory Teacher  |  |
| Adult Social services |  | Careers Service |  |
| Children’s Social Services |  | Youth Justice  |  |
| Community Paediatrician  |  | Other  |  |

|  |  |  |
| --- | --- | --- |
| Type of Review*Mark with an x* | Transfer Review |  |
| EHCP Review |  |

|  |  |
| --- | --- |
| **Please return to** | **By** |
|  |  |
| **Address** | **Contact details** |
|  |  |
| **Date of Annual Review** | **Time** |
|  |  |
| **School/setting for the Review** |
|  |

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| --- |
| **Details of child/young person** |
| **Name**  |  | **Year group**  |  | **Date of birth**  |  |

**To be completed by the External Agency**

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| **Details of person completing this form** |
| **Name** | **Role** |
|  |  |
|  |  |
|  |  |
| **Email** |  |
|  |  |
| **I will be attending the Annual Review *(mark with an x)***  | **Yes** |  | **No** |  |
| **I attach my advice for the Annual Review**  | **Yes** |  | **No** |  |
| **I will not be attending the Annual Review as I have had no recent involvement with this child/ young person but look forward to receiving the Annual review report**  |  |

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| **Summary of involvement** |
| **Provision that has been made over the past year: *For example; assessment, report, advice, monitoring, direct input, telephone consultation etc*** |
|  |
| **If you have had any direct input with the child/ young person, please comment on:** |
| **The focus of the intervention** |
|  |
| **Frequency, amount and nature of input** |
|  |
| **Setting where the intervention took place e.g. home/school etc.** |
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| **Strengths and skills in the educational setting** |
| **Using bullet points please outline the outline the child/young person’s strengths, skills and achievements over the past year.** |
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| **Your Agency’s view of the child/young person’s progress***Please provide a brief summary of the setting’s view of the child/ young person’s progress in relation to the provision/advice made by your service, including any issues to be raised at the Annual Review**Long term objectives/outcomes relate to outcomes to be achieved over a key phase or stage and may remain the same, or be revised after discussion at the Annual Review.**Shorter term objectives/outcomes describe what should be achieved over a period of 12 months, as a step towards long term outcomes.*  |
| **Please give your views of the child/young person’s progress against recommendations made/advice given by your service over the past year (shorter term outcomes):** |
|  |
| **Are the long term objectives (statement)/outcomes (EHC Plan) related to your service still appropriate?**  | **Yes** |  | **No** |  |
| **If NO, what changes need to be made?** |
|  |
| **Should the provision in relation to your service remain in place/be amended?**  | **Yes** |  | **No** |  |
| **If YES, please outline below** |
|  |
| **Are there any other issues you feel need to be raised at the Annual Review?** *For example; the nature of the involvement of your service/the progress being made by the child/young person etc.*

|  |  |  |  |
| --- | --- | --- | --- |
| *Yes* |  | *No* |  |

**If YES, please outline below** |
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| **Recent or relevant documents**Please attach and record below |
| **Type of document eg assessment, report, advice etc.** | **Date of report** | **Additional comments if necessary**  |
|  |  |  |
|  |  |  |
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| --- | --- | --- | --- |
| **Signed** |  | **Date** |  |