

My SEND Support Review

- This review form should help to guide parents, young people and practitioners through the review process and address all aspects of child/young person's life. It incorporates holistic and person centred approaches to the review process.
- The vast majority of children and young people with SEND will have their needs met within local mainstream Early Years' settings, schools and colleges. SEND support review process is an essential element of that provision.
- Please fill in as much of this report as possible prior to the meeting.
- Parents/carers and children/young person will be offered a date for their review at least two weeks in advance.
- The child/young person and parents will be invited to attend and/or contribute to the meeting.

Personal Details

Name		DOB		UPN	
Educational Setting				Year Group:	
Address of child/ young person					
Email and/or Tel No of child/young person (if applicable)					
Child in Care?	Yes / No	If Yes, Name of Local Authority			
Primary Need			Diagnosis (if any)		
Date of last review			High Needs Funding Category		
Educational Attendance %					

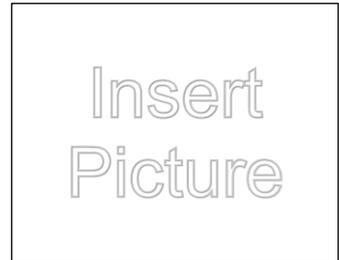
Parent/Carer Name			
Relationship to child			Parental Responsibility Yes / No
Address if different from above			
Tel Number			Mobile Number
Email			
Do you have a disability that we made need to consider when communicating with you? If yes please specify below			Yes / No

Parent/Carer Name			
Relationship to child		Parental Responsibility	Yes / No
Address if different from above			
Tel Number		Mobile Number	
Email			
Do you have a disability that we made need to consider when communicating with you? If yes please specify below			Yes / No

Part 1: All About You

Please read the guidance below before completing:

- This section should be completed with the child/young person prior to their annual review.
- **Within part 2 questions with an asterisk* must be completed and the rest completed where appropriate.**
- Questions should be differentiated and visual aids used where required. This can be appended to the paperwork if necessary. The child/young person can use a range of resources, eg pictures, drawings, PowerPoints and Videos.



Looking back over the past year at my education

Has anything happened in your life during the last year that you think was very important? (ie moving house, moving school etc). If Yes, please describe below

-

*What worked well and why?

-

*What didn't go so well and why?

-

What are you proud of achieving over the last year and why?

-

Learning

*How do you learn best? (eg quiet environments, 1:1, in a group, with tasks broken into smaller steps with repetition, written instructions, pictures, verbal instructions, or by doing things/hands on)

-

What stops you from learning?

-

Communication

*How do you like to communicate?

-

What makes it difficult for you to communicate?

-

What support would be useful to help you with your communication?

-

Social, Emotional and Wellbeing

***What do you like about your educational setting?**

-

***What don't you like about your educational setting?**

-

Do you take part in any other activities, such as sports or clubs?

-

Is there anything we can do to support your enjoyment?

-

Sensory and/or Physical

(Please only answer these questions if you have a sensory and/or physical need)

Do your sensory and/or physical needs impact on your day?

-

Do you use any specialist equipment?

-

Self-help, Independence and Keeping Safe

Are you able to organise yourself in lessons? If no, what makes it difficult to be able to organise yourself?

-

Are you able to get around the site on your own?

-

Hobbies and Interests

*What do you like and enjoy doing?

-

*What are you good at?

-

*What is important to you?

-

My Hopes and Dreams for the Future

*My hopes and dreams?

-

Next year I want to be able to...

-

New things I would like to try

-

Did you have help writing these answers? If yes, please write their name and relationship to you and explain how they helped.

Part 2: Parents' views of the past year and aspirations

Please send this section to parents prior to the review meeting for completion.

What is working well? (Education)

What is not working well? (Education)

What is working well? (Outside of Education)

What is not working well? (Outside of Education)

Our hopes for our child now and in the future

Any other comments you wish to make

Part 3: Educational Setting's Views

Please comment on child/young person's progress in English, Maths and other relevant subjects as appropriate.

What is working well?

What is not working well?

Any points for discussion

Part 4: Progress and Attainment

This part must be completed in full in *all* cases. Attainment data should be forwarded onto the young person's next setting following transitions so as much information is available as possible.

Foundation Stage Individual Progress Tracker – Early Years

'A best fit judgement indicates the age/stage band which best describes the child's current development – the band where the child is mainly working'

		Prime Areas (Months)								Specific Areas (Months)								
		Personal Social and Emotional			Communication and Learning			Physical Development		Literacy		Maths		Understanding the World			Expressive Art and Design	
Date	Chronological age in months	MR	SCSA	MFB	LA	U	S	MH	HSC	R	W	N	SSM	PC	W	T	EMM	BI

MR	Making Relationships	LA	Listening and Attention	MH	Moving and Handling	W	Writing	PC	People and Communities	EMM	Exploring and using Media and Materials
SCSA	Self-Confidence and Self-Awareness	U	Understanding	HSC	Health and Self-Care	N	Numbers	W	The World	BI	Being Imaginative
MFB	Managing Feelings and Behaviour	S	Speaking	R	Reading	SSM	Shape, Space and Measure	T	Technology		

Progress and Attainment – KS1 and KS2

Attainment levels listed below must be gained *independently* (without support), at the end of each year.

This part must be completed in full in *all* cases.

Note – please select foundation stage, school age or post 16 page, as relevant in each individual case.

	KS1		KS2			
	1	2	3	4	5	6
English						
Speaking						
Listening						
Reading						
Writing						
Maths						
Science						
School based formal assessments						
Reading Age						
Test Used						
Spelling Age						
Test Used						
Other Assessments						

Progress and Attainment – KS3 and above

Attainment levels listed below must be gained independently (without support), at the end of each year.

This part of the form must be completed in full in *all* cases.

	KS3			KS4	
	7	8	9	10	11
English					
Speaking					
Listening					
Reading					
Writing					
Maths					
Science					
School based formal assessments					

Year 11 Plus	Expected outcomes or qualifications achieved	Target
Vocational Qualifications		
GCSEs		
A Levels		

Part 5: Preparing for Adulthood

This section should be completed once the young person reaches Year 9 and should focus on independent living skills and student's aspirations for employment or further education

Your targets and aspirations – what is important for the next year – <i>What are you aiming for?</i>				
Study Programme	Employability (work experience)	Personal (Emotional/Behaviour)	Social	Independence
Planned Outcome(s): <i>(These need to be smart and include acquiring skills for potential employment and / or independence)</i>				
Learning and Work:				
Independent Living:				
Community Inclusion (relationships, communication and interaction):				
Future educational placement options (eg further education, apprenticeships etc)				

Part 6: Description of Strengths and Needs

Educational Needs

Describe any changes to needs and any developing strengths

Cognition and learning	
Strengths	Needs
SMART Outcomes	
Long Term (within 1-5 years): <ul style="list-style-type: none">•	
Short Term (6-12 months): <ul style="list-style-type: none">•	
Communication and interaction	
Strengths	Needs
SMART Outcomes	
Long Term (within 1-5 years): <ul style="list-style-type: none">•	
Short Term (6-12 months): <ul style="list-style-type: none">•	

Social, emotional and wellbeing

Strengths

Needs

SMART Outcomes

Long Term (within 1-5 years):

-

Short Term (6-12 months):

-

Sensory and/or physical needs

Strengths

Needs

SMART Outcomes

Long Term (within 1-5 years):

-

Short Term (6-12 months):

-

Self-help, independence skills and keeping safe	
Strengths	Needs
SMART Outcomes	
Long Term (within 1-5 years): <ul style="list-style-type: none"> 	
Short Term (6-12 months): <ul style="list-style-type: none"> 	

Health Needs

Please outline any changes to the child/young person's health needs, if applicable

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Care Needs

Is there an early help assessment in place?	Yes / No
Is the child/young person known to social care? If Yes, please give details of social worker below	Yes / No
Does the child/young person attend activities/child care outside of school? If Yes, detail activities below	Yes / No
Do the activities above provide the child/young person time with their peer group?	
What support do they receive from family, friends, community members and other professionals?	

What do the child/young person and family find difficult? What could be done differently to help?	
Is the child/young person vulnerable in the community? Do they feel safe?	
Has the family had any previous or current social care assessments or involvement? If Yes, please give details including details of social worker.	Yes / No
Does the family know how to access the Local Offer? Please see link below https://www.somersetchoices.org.uk/family/information-and-advice/somersets-local-offer/	Yes / No
Do parents give consent for the Local Authority to contact any professionals currently supporting the family if needed?	Yes / No

Part 7: Strategies and outcomes for the child/young person (Plan, Do, Review)

	Which is provided?	How often	By Whom	Date started	Date Reviewed	Evidence of impact, ie increase in levels/spelling age/ reading age etc	Should the strategy be ceased, amended or continued?	Details of next steps
Whole Class								
Small group								
Individual								

Section 8: Contributions to the Review

Role	Name(s)	Invited to review/meeting		Date advice/report received	Attended review meeting		Sent report of review meeting		Additional advice required	
		Yes	No		Yes	No	Yes	No	Yes	No
Child/young person										
Parent(s)/Carer(s)										
Parent(s)/Carer(s)										
SENCO/Inclusion Manager										
Teacher/Tutor										
Teaching Assistant/Keyworker										
Educational Psychologist										
Health										
Social Care										

Part 9: Additional Information

Action Plan (Optional)

Action	By whom	By when

Additional Comments

Part 10: Signatures

Child/young person
Parent/Carers
Headteacher
Review Facilitator
Date