

For Office Use Only

DATE STAMP – DATE RECEIVED



Cambridgeshire
County Council

CAMBRIDGESHIRE TRANSFER ANNUAL REVIEW FORM

For Statements of Special Educational Needs and Learning Difficulty Assessments (LDAs)

This form should **only** be used for Transfer Annual Reviews in relation to assessing the transfer from a Statement of Special Educational Needs or an LDA to an Education, Health and Care Plan

Child/Young Person's personal details

NAME:								
DoB:		GENDER:		LAC	YES		NO	
SETTING, SCHOOL OR FE COLLEGE:								
YEAR GROUP:		Is this the correct Year Group?	Y / N		EXPECTED LEAVING DATE:			
ADDRESS: (Including Post Code)								
ETHNICITY:				RELIGION:				
NHS No:			NI No:					
HOME LANGUAGE:								
Is SEN Home to School Transport currently provided?					YES		NO	
DATE OF THIS REVIEW:				DATE OF LAST REVIEW:				

Date of current Statement or LDA :

--

Child/Young Person's Parent/Carer information

FULL NAME (incl first name):				RELATIONSHIP TO CHILD:			
ADDRESS: (Including Post Code)							
Tel No:							
Email Address:							
FULL NAME (incl first name):				RELATIONSHIP TO CHILD:			
ADDRESS: (Including Post Code)							
Tel No:							
Email Address:							

Section A

Who has been invited to the Annual Review and who attended

Name	Role	Nature of Intervention and purpose (Please indicate if the involvement has ended)	Attended Yes/no (attach, if report provided)	Type of report	Date of report

Section B

Child/Young Person’s Special Educational Needs

Communication and Interaction	
Cognition and Learning	
Social, Emotional and Mental Health	
Sensory and/or Physical Needs	

How is the funding currently used to meet these needs?

--

Specialist equipment used (School, Home, Leisure)

Please specify what equipment is used and where

--

Current funding level

(See Statement or attached to the LDA)

£

Section C

Child/Young Person's Health and Care Needs

Care needs

In this Section set out the child/young person's Social Care Needs

--

Current care package is:

--

**Current care
Allocation is:**

Funding Allocation is £

Health needs

In this Section set out the child/young person's Health Needs

Current health Package is:

Funding Allocation is £

Is a Personal Budget requested? If Yes, how would this be deployed? Please detail in the box below

YES

NO

Section D

Parent/Carer's Views, Hopes and Dreams for _____

Do you think your son/daughter is making progress at school? In what subjects/areas particularly?

Is there anything that your son/daughter has achieved or especially enjoyed this year that you would like to comment on or bring to the school's notice?

What are your son/daughter's Health or Social Care needs, now and ongoing into adulthood?

Section E – ALL ABOUT ME – Please complete a one page profile and attach

Views, interests, hopes and dreams:

About Me

What Is important to me

What I like to do and what I want to do in the future

What I am good at

Who is important to me

My achievements and successes over the past year

--

The current objectives in the Statement

Objective	Progress made over the past year in meeting the objectives

Assessment results at the time of my Annual Review

Test results	Test used	Current result	Date of Test	Previous result	Date of Test
Reading					
Writing					
Comprehension					
Mathematics					
Others <i>please specify such as GCSEs, CELF</i>					

Personal and Social Development	Target	Progress Made
Self-help and Independence		
Attention		
Social Interaction		

Additional, relevant assessment information:

Attendance Record – please provide as much information as possible

Name of Setting	Period (Dates)	Actual Attendance (No of Sessions)	Possible Attendance (No of Sessions)	Percentage Attended

Do I need an Education, Health and Care Plan (EHC Plan)?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
---	------------	--------------------------	-----------	--------------------------

If not, why not?

Section F – ONLY TO BE COMPLETED IF AN EHC PLAN IS REQUIRED

What outcomes and provision need to be detailed in the EHC Plan?

What are the proposed outcomes for the EHC Plan?	
Outcomes	Timescales to achieve

What support is needed to achieve the outcomes?	Who is going to provide the support?	How often is the support going to be provided, when will it be reviewed and who will review it?


Placement			
Is child/young person likely to remain at their current setting, school or college until the next Annual Review?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

If No, please name the proposed setting, school or college and the date of expected transfer

Name:	
Date of Expected Transfer:	

Section G

Any additional information from the review meeting, such as new needs identified, assessments that need updating, new referral for specialist advice etc

A large, empty rectangular box with a thin black border, intended for handwritten or typed notes related to the review meeting.

Section H (Post-16 only)

Preparing for Adulthood, Employment, Independent Living and Participation

What education or training am I currently doing?

What support do I want/I need to complete this?

What are my aspirations for when I finish my education and/or training and what do I need to help me achieve this?

What help and advice do I need in preparing for adulthood, such as housing benefits, supported employment, advocacy, health support, benefits etc?

Preparing for Adulthood

Do I think I need support into adulthood from Adult Social Care or Health?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
---	------------	--------------------------	-----------	--------------------------

If Yes, what support do I think I need?

For Young People who are cared for by the Local Authority

Is the Young Person likely to need support Post-16?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Has a Pathway Plan for leaving care been developed?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Has a Pathway Advisor (not Guidance Advisor) for leaving care been identified?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

If yes, please detail name:

Please attach a copy of the latest Personal Education Plan

Date of Personal Education Plan:

Section I

What needs to happen after the Review	Who will do this?	Agreed date to complete
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please ensure that you have attached all relevant reports