#  Council of the Isles of Scilly

**Parent Carer Report for the Annual Review of the Education and Health Care Plan**

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| --- | --- |
| **My child’s name** |  |
| **Educational setting** |  |
| **Date of meeting** |  |

Please confirm that you are the person/s with legal parental

responsibility by ticking the box

Each year there is an Annual Review of your child’s special educational needs to review how his/her progress and needs are being met. Your views are essential to this. Please use this form to record your views, or if you prefer you can send your own report to the school. We would be grateful if you would email this completed form to the school a week before the meeting is due to take place. But if this is not possible, please bring it with you to the meeting.

**What things are great about ……………………………..(**child’s name)

What is important to……………………………………….

**What is important to………………………………………….**

**What you need to know to support………………………………**

**Over the last 12 months, what has worked well for your child…...** You could comment on your child’s level of concentration, ability to retain information, whether he or she likes school, what your child enjoys/finds easy or difficult. What’s going well? What could be better?

**At home**

**At school**

**Friends and activities**

**What is not working so well?**

**At home**

**At school**

**Friends and activities**

**What would you like to see improved in your child’s development and learning?** ……. You could comment on the development of their independent skills, for example, personal hygiene, dressing, eating and self-organisation. You might want to see an improvement in their motivation to learn, relationships with pupils and staff, self-confidence and willingness to cooperate with routines at home and school.

**How do you think this can this be achieved?......You may think that the support your child receives needs to be changed or that they need access to other services.**

**Do the outcomes in your son/daughter’s EHC Plan remain appropriate? Yes / No**

**If no, please suggest what changes need to be made.**

**What aspirations do you have for your child?** ……… If your child is Year 9 onwards, what options are they considering?e.g College, Specialist College, Work Based Training, Employment, Meaningful Activities, Housing? Is there any information from the Careers Service, Health, Social Care or other agencies to help inform moving to Adulthood?

**On a scale of 1 – 10 how satisfied are you with your child’s progress this year; 1 – being low, 10 being high 1 2 3 4 5 6 7 8 9 10 (please highlight as appropriate)**

**Is there anything else would you like to say, make people aware of or discuss at the meeting?**

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| **Name** |  | **Date** |
| **Signature** |  |  |
| **Relationship to child** |  |

|  |  |  |
| --- | --- | --- |
| **Name** |  | **Date** |
| **Signature** |  |  |
| **Relationship to child** |  |

**Please return this form to your child’s educational setting**