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| **RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**  **EDUCATION ACT 1996**  **STATUTORY ANNUAL REVIEW OF A STATEMENT OF SPECIAL EDUCATIONAL NEEDS** |

|  |  |  |  |
| --- | --- | --- | --- |
| *Pupil’s Name:* |  | *Date of Birth:* |  |

**How we use your personal information**

The information obtained for the statutory assessment process will be used by the Access & Inclusion Service in line with the Council’s legal duties under Section 321 of the Education Act 1996 and the Special Educational Needs Code of Practice for Wales 2004.

To learn about how your privacy is protected and how and why we use personal information to provide services, please visit our service privacy notice here <http://www.rctcbc.gov.uk/serviceprivacynotice> and the Councils data protection pages here <http://www.rctcbc.gov.uk/dataprotection>.

The purpose of this form is to review the statutory assessment of the named pupil. Please ensure this form is returned to the Access and Inclusion Service **within 10 working days** of the review meeting to comply with the SEN Code of Practice for Wales.

|  |  |
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| **Date of this review** *(N.B. Important - please complete):* |  |

#### CONTRIBUTORS TO THE REVIEW

**Please record below the names and designations of each contributor to the review.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Designation | Attended [✓] | **Date of written reports received** |
| **Present** |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| **Apologies** |  |  |  |
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#### PUPIL DATA

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **Address:** |  |
| **Other Names:** |  |
| **Sex: M/F** |  |
| **School/EY Setting:** |  | **Date of Birth:** |  |
| **Year Group:** |  | **Date of Statement:** |  |
| **Is the pupil looked after? (Y/N)** |  | **Date of previous review:** |  |
| **Name of Parents/Persons Responsible:** | |  | |

Please ensure that all the pupil and parental details are accurate.

|  |
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| Please specify any amendments to the name and address. |

1. **PERSON CENTRED OVERVIEW – Attach one page profile**

**To be completed by all present at the Annual Review Meeting.**

|  |
| --- |
| **What we like and admire about the child/young person?** |
|  |
| **What is working well for the child/young person?** |
|  |
| **What is important to the child/young person now?** |
|  |
| **What is important to the child/young person for the future?** |
|  |
| **Questions to answer / issues we are struggling with** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Y9** |  |  |  |  |
| **Y8** |  |  |  |  |
| **Y7** |  |  |  |  |
| **Y6** |  |  |  |  |
| **Y5** |  |  |  |  |
| **Y4** |  |  |  |  |
|  |  |  |  |  |
| **Y3** |  |  |  |  |
| **KS2/3**  **Teacher Assessment** | **Welsh**  **1st Language** | **English** | **Maths** | **Science** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Y9** |  |  |  |  |
| **Y8** |  |  |  |  |
| **Y7** |  |  |  |  |
| **Y6** |  |  |  |  |
| **Y5** |  |  |  |  |
| **Y4** |  |  |  |  |
| **Y3** |  |  |  |  |
| **Y2** |  |  |  |  |
| **National Tests Standardised Scores** | **Numeracy Procedural** | **Numeracy Reasoning** | **Reading Welsh** | **Reading English** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Teacher Assessment** |  |  |  |
| **End Y2** |  |  |  |
| **End Y1** |  |  |  |
| **End R** |  |  |  |
| **Baseline** |  |  |  |
| **FOUNDATION**  **PHASE** | **LLC** | **MD** | **PSD** |

Progress over time - Complete for the last THREE years

**Progress over time – complete for previous three years**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Predicted grade** |  |  |  |  |  |  |  |  |
| **Current**  **grade** |  |  |  |  |  |  |  |  |
| **Yr 10/11** | **English** | **Maths** | **Science** |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| *Pupil’s Name:* |  | *Date of Birth:* |  |

1. **ASSESSMENT DATA**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Assessed Area**  *(Please provide data from the last two assessments)* | | **Assessment Used** | **Date of Assessment** | **Chronological Age** | **Standard/ Centile Score** |
| **Reading**  **Accuracy** | **Assessment 1** |  |  |  |  |
| **Assessment 2** |  |  |  |  |
| **Reading**  **Comp.** | **Assessment 1** |  |  |  |  |
| **Assessment 2** |  |  |  |  |
| **Spelling** | **Assessment 1** |  |  |  |  |
| **Assessment 2** |  |  |  |  |
| **Numeracy** | **Assessment 1** |  |  |  |  |
| **Assessment 2** |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| *Pupil’s Name:* |  | *Date of Birth:* |  |

**4. ATTENDANCE & EXCLUSION DATA**

|  |  |  |
| --- | --- | --- |
| **Attendance** | **Current academic year** | **Previous academic year** |
| **Autumn** |  |  |
| **Spring** |  |  |
| **Summer** |  |  |
| **Total** |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Exclusion** | **Current academic year** | | **Previous academic year** | |
| **Number of incidents** | **Number of days** | **Number of incidents** | **Number of days** |
| **Autumn** |  |  |  |  |
| **Spring** |  |  |  |  |
| **Summer** |  |  |  |  |
| **Total** |  |  |  |  |

**5: EXTERNAL AGENCY INVOLVEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Agency** | **Date of Last Involvement** | **Report Attached** |
|  |  |  | Yes/No |
|  |  |  | Yes/No |
|  |  |  | Yes/No |
|  |  |  | Yes/No |
|  |  |  | Yes/No |

|  |  |  |  |
| --- | --- | --- | --- |
| *Pupil’s Name:* |  | *Date of Birth:* |  |

**6. REVIEW OF PART TWO OF THE STATEMENT – SPECIAL EDUCATIONAL NEEDS**

|  |
| --- |
| **Have there been significant changes in the pupil’s special educational needs, as identified in Part Two of the Statement, which affect his/her development and progress?**  *(Please specify and supply any supporting documentation)*  School staff should go through part two to highlight any proposed changes prior to the meeting. The proposed changes can then be discussed with those present. *(Please append this to the review paperwork and return to SENAS).* |

|  |  |  |  |
| --- | --- | --- | --- |
| *Pupil’s Name:* |  | *Date of Birth:* |  |

**7A – REVIEW OF PART THREE OF THE STATEMENT – OBJECTIVES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current objectives from the Statement** | **Interventions & Support to Meet Objectives** | **Review of Progress Achieved (must include reference to assessment data)** | **Does the information indicate there has been progress over time? (Y/N)** | **Does the objective require amending / removing? (Y/N) *If yes, see section 7B.*** |
|  |  |  |  |  |
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| --- | --- | --- | --- |
| *Pupil’s Name:* |  | *Date of Birth:* |  |

**7B. REVIEW OF PART THREE OF THE STATEMENT - OBJECTIVES (cont.)**

|  |
| --- |
| 1. Please detail any amendments to objectives (this includes objectives to be removed). |

#### 7C. REVIEW OF PART THREE OF THE STATEMENT – EDUCATIONAL PROVISION TO MEET OBJECTIVES *(This section refers to school resources/staffing/etc. needed to meet the child’s needs).*

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Does the child require a change in provision (Y/N)?** *If yes, please detail the reason for the application and how this will bring about positive change, if agreed. If there is* ***SSA support*** *needed please complete the breakdown below.* | | | |
| *Pupil’s Name:* |  | *Date of Birth:* |  | |

Hours currently in Statement \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours provided by school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide detailed description of use of SSA – indicating how it is used (in class/small group/individual)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **AM** | **PM** | **Unstructured Time (e.g. lunch/breaks)** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| *Pupil’s Name:* |  | *Date of Birth:* |  |

If this provision is not meeting needs, please detail what is needed additionally and the intended outcome.

|  |  |  |
| --- | --- | --- |
| **Use of SSA** | **Intended Outcome** | **Hours Required** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| *Pupil’s Name:* |  | *Date of Birth:* |  |

#### 8A. REVIEW OF PART FOUR OF THE STATEMENT – PLACEMENT *(This section refers to school resources/staffing/etc. needed to meet the child’s needs).*

|  |
| --- |
| 1. **Does the child require a change in placement (Y/N)?** *If yes, please detail the reason for the application and how this will bring about positive change, if agreed****.*** |

#### 8B. REVIEW OF PART FOUR OF THE STATEMENT – PLACEMENT (cont.)

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| --- |
| 1. **Is the pupil attending or being integrated into a mainstream setting?** *(Please specify where and for what subjects and whether or not the current arrangements are satisfactory).* |

|  |  |  |  |
| --- | --- | --- | --- |
| *Pupil’s Name:* |  | *Date of Birth:* |  |

**9. VIEWS OF CHILD/YOUNG PERSON**

**Please note, section 9 should be explicitly considered as part of the annual review. If the child/young person will not be present at the annual review, this section should be completed beforehand by the child (with assistance, if necessary) and referenced throughout the review process.**

|  |
| --- |
| **How well do you think you are doing in school?** |
|  |
| **What do you like best at school and why?** |
|  |
| **What do you like least at school and why?** |
|  |
| **Who helps you in school?** |
|  |
| **Do you like having help in school?** |
|  |
| **Are you getting enough/too little/too much help in school?** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| *Pupil’s Name:* |  | *Date of Birth:* |  |

|  |
| --- |
| **What would you like to achieve or improve in most?** |
|  |
| **Would you like anything to change?** |
|  |
| **So what do you think you could do to help?** |
|  |
|  |
| **It is important that you come to the review meeting. Do you want to bring anyone with you?** |
|  |

**COMPLETED BY: DATE:**

**ASSISTED BY:**

|  |  |  |  |
| --- | --- | --- | --- |
| *Pupil’s Name:* |  | *Date of Birth:* |  |

**10. VIEWS OF THE PARENT(S)**

**Please note, section 10 should be explicitly considered as part of the annual review. If the parent(s) will not be present at the annual review, this section should be completed beforehand by the parent(s) and referenced throughout the review process.**

|  |
| --- |
| **How well do you think your child is progressing in school?** |
|  |
| **What has s/he achieved this year?** |
|  |
| **Do you have any concerns regarding your child’s progress in school?** |
|  |
| **Are there any other issues that you think should be discussed in the annual review meeting?** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| *Pupil’s Name:* |  | *Date of Birth:* |  |

**11. ADDITIONAL INFORMATION**

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| --- |
| Please record any additional information which has not been recorded earlier: *(including offering an opportunity for the pupil to freely discuss any issues.)*  Do any referrals need to be made as a result of this review? *(Please specify and indicate person responsible for making the referral)* |

|  |  |  |  |
| --- | --- | --- | --- |
| *Pupil’s Name:* |  | *Date of Birth:* |  |

**12. RECOMMENDATIONS**

|  |  |  |
| --- | --- | --- |
|  | Recommendations | **Please indicate Y/N** |
| **1** | Does the child meet destatementing criteria? |  |
| **2A** | **Is an amendment to part 1 of the statement recommended?** |  |
| **2B** | **Is an amendment to part 2 of the statement recommended?** |  |
| **2C** | **Is an amendment to part 3 of the statement recommended?** |  |
| **2D** | **Does the LA need to consider a possible amendment to part 4 of the statement?** |  |
| **3** | **Should a statutory re-assessment be considered? *If yes, please indicate reasons in full below.***  ***Please note this should indicate that a full statutory re-assessment is required and should not be used to request any other specific assessment by professionals, e.g. Educational Psychologist.*** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| *Pupil’s Name:* |  | *Date of Birth:* |  |

**13. CHECKLIST**

**Please check through this document thoroughly and ensure that you have completed all necessary sections.**

|  |  |  |
| --- | --- | --- |
|  | Checklist | **🗹** |
| **1** | Overview: Has the date of the review been recorded? |  |
| **2** | **Overview: Have all contributors to the annual review process been recorded?** |  |
| **3** | **Section 1: Are pupil and parental details (including address) correct and have any amendments to details been detailed?** |  |
| **4** | **Section 2: Has the person centred overview been completed with the input of all present parties?** |  |
| **5** | **Section 3: Is all assessment data recorded current?** |  |
| **6** | **Section 3: Has the teacher assessment been completed?** |  |
| **7** | **Section 4: Is all attendance and exclusion data current?** |  |
| **8** | **Section 5: Is the latest version of all external agency reports attached?** |  |
| **9** | **Section 6: Have any proposed amendments to part 2 of the statement been recorded, if applicable?** |  |
| **10** | **Section 6: Has part 2 of the statement been annotated to reflect any proposed amendments recorded, where applicable?** |  |
| **11** | **Section 6: Has the annotated part 2 of the statement been attached, where applicable?** |  |
| **12** | **Section 7A: Have the current objectives been recorded as they appear in part 3 of the statement?** |  |
| **13** | **Section 7A: Does progress recorded against each objective contain explicit reference to assessment data?** |  |
| **14** | **Section 7B and section 7C: Have any proposed amendments to part 3 of the statement been recorded, if applicable, and the SSA breakdown completed?** |  |
| **15** | **Section 8A: Have any proposed amendments to part 4 of the statement been recorded, if applicable?** |  |
| **16** | **Section 9: Has the child been consulted on and made a contribution to the annual review process?** |  |
| **17** | **Section 10: Has the parent(s) been consulted on and made a contribution to the annual review process?** |  |
| **18** | **Section 12: Have the annual review chair and the Headteacher signed off against the contents of the annual review document?** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| *Pupil’s Name:* |  | *Date of Birth:* |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **14. DECLARATIONS**  **Parent / guardian**  I am aware and I understand that this form will be used as part of the review of my child’s statutory assessment. | | | | | | | | |
| **Parent / guardian name:** |  | | | | **Parent / guardian signature:** | |  | |
| **Date**: |  | | **Additional notes:** |  | | | | |
| **This annual review has been completed by** | | | | | | | | |
| **Name:** | |  | | | | **Signature:** | |  |
| **Designation:** | |  | | | | **Date:** | |  |
| **Headteacher**   * I confirm that the information contained in this form (and any additional information attached) is accurate. * I have made the parent/guardian aware of: * how the personal data will be used to identify additional support if appropriate. * how they can access their information rights and further information via the Data Protection pages of the Council’s website. | | | | | | | | |
| **Head Teacher name:** |  | | | | **Head Teacher signature:** | |  | |
| **Date:** |  | | **Additional notes:** |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| *Pupil’s Name:* |  | *Date of Birth:* |  |

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| **RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL** SPECIAL EDUCATIONAL NEEDS **TRANSITION PLAN** |

PURPOSE OF A TRANSITION PLAN

The purpose of a Special Educational Needs Transition Plan is to plan ongoing provision and to draw together relevant information from appropriate people and services in order to plan for the young person’s transition into adult life. See Special Educational Needs Code of Practice for Wales, Section 9:45 – 9:69.

The Transition Plan should be drawn up prior to any transition between placements and in the academic year prior to transition between key stages. The Transitional Plan is then reviewed and updated at each subsequent statutory review of the Statement until the young person leaves school.

**How we use your personal information**

The information obtained for the statutory assessment process will be used by the Access & Inclusion Service in line with the Council’s legal duties under Section 321 of the Education Act 1996 and the Special Educational Needs Code of Practice for Wales 2004.

To learn about how your privacy is protected and how and why we use personal information to provide services, please visit our service privacy notice here <http://www.rctcbc.gov.uk/serviceprivacynotice> and the Councils data protection pages here <http://www.rctcbc.gov.uk/dataprotection>.

|  |
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| **Young Person’s Perspective:** |

|  |  |  |  |
| --- | --- | --- | --- |
| *Pupil’s Name:* |  | *Date of Birth:* |  |

**TRANSITION PLAN (cont)**

|  |
| --- |
| **Family Perspective:** |

|  |
| --- |
| **Education:** |

|  |
| --- |
| **Careers and Training (Please attach personal career plan for Y9 onwards):** |

|  |  |  |  |
| --- | --- | --- | --- |
| *Pupil’s Name:* |  | *Date of Birth:* |  |

**TRANSITION PLAN (cont)**

|  |
| --- |
| **External Agency e.g. Children’s/Adult Services, Health, Additional Support Services and Opportunities as applicable:** |

|  |  |  |  |
| --- | --- | --- | --- |
| *Pupil’s Name:* |  | *Date of Birth:* |  |

**TRANSITION PLAN (cont) Young Person’s Needs and Future Action Required**

|  |  |  |  |
| --- | --- | --- | --- |
| **Identified Need** | **Action Required** | **By Whom** | **Target Date** |
|  |  |  |  |
|  |  |  |  |
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| ***NB Please ensure that any issues raised in relation to the Transition Plan and the pupil’s Statement of Special Educational Needs, have been noted in the main body of the Annual Review***  ***Attachments – Please ensure an up to date careers report is attached to the documentation as well as any other relevant reports.*** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **14. DECLARATIONS**  **Parent / guardian**  I am aware and I understand that this form will be used to plan the transition of my child | | | | | |
| **Parent / guardian name:** |  | | | **Parent / guardian signature:** |  |
| **Date**: |  | **Additional notes:** |  | | |
| **Headteacher**   * I confirm that the information contained in this form (and any additional information attached) is accurate. * I have made the parent/guardian aware of: * how the personal data will be used to identify additional support if appropriate. * how they can access their information rights and further information via the Data Protection pages of the Council’s website. | | | | | |
| Head Teacher name: |  | | | Head Teacher signature: |  |
| Date: |  | Additional notes: |  | | |

|  |
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| ATTACHMENTS: Please attach copies of:   * The pupil’s most recent Individual Education Plan and/or specialist programme * The annual school report or a recent summative report of his/her academic progress * One Page Profile * Reports provided by other professionals – ensuring that you have obtained the author’s permission and any other appropriate documentation. |

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| **DISTRIBUTION:**   * **Please distribute copies of this completed form to everyone concerned in the review including the parents and Rhondda Cynon Taf Access & Inclusion Service, within 10 working days of the review meeting.** * **A copy should also be kept at school with the pupil’s Statement of Special Educational Needs.** * **The document created in year 9 must be reviewed in years 10 and above.**   **Access & Inclusion Service copy should be sent to:-** Directorate ofEducation and Inclusion Services, Access and Inclusion (ALNAS), Ty Trevithick, Abercynon, Mountain Ash, CF45 4UQ. |

# Multi Agency Transition Plan Guidance – Year 9 & Above

**This guidance has been compiled for schools to use as prompts to ask relevant questions in relation to information needed for the multi agency transition plan. However, the list is not exhaustive, if schools feel that additional information would be useful, please include.**

**Children’s Social Services:**

* Name of social worker/key worker
* Legal Status i.e. looked after.
* Advocacy Needs
* Religion/ethnicity/preferred language.
* Current level of services including Direct Payments/ ILF.
* Any multi agency action plans
* Services needed but unable to access and reasons.
* Frequency of social work contact with child and family.
* Any multi agency involvement/referrals to other agencies/ professionals i.e. OT/ clinical nurses / psychologist/ other.
* Disabled Facility Grants completed/in progress.
* Any funding/financial implications either presently or future in terms of, for example, supported accommodation/college/residential placements.

**Adult Social Services:**

* Have adult services received a referral for the young person or not.
* Has a decision been made in relation to eligibility?
* Following confirmation that the individual meets the criteria for receiving services from the Community Support Team has an assessment of need been/being undertaken at the appropriate time.
* Has a named worker has been identified for purpose of transition.
* Has there has been any involvement/contact, with the child/family. (If so, adult services should be able to provide more detailed information about their involvement).

**Careers & Training:**

* Name of Careers Adviser
* Future ideas discussed with adviser e.g. job ideas, next steps after school - college etc
* Proposed school leaving date
* Issues/barriers to future plans and steps suggested to overcome them
* Funding issues for future provision e.g. residential college funding, transport
* Action points for CA
* Relevant action points for others to help person progress towards future goal
* Next contact with CA

## Health:

* Name of Special Needs Children’s Nurse
* Healthcare Plan in Place
* Frequency of contact/level of support from nurse
* Training required re; condition, treatments and equipment
* Equipment required
* Primary Healthcare Team involvement
* Allied health Professional Involvement