# **Annual/Interim Review of an Education, Health and Care plan**

Reviewing progress towards achieving the outcomes

EHC plans should be used to actively monitor children and young people’s progress towards their outcomes and longer term aspirations. They **must**be reviewed by the local authority as a minimum every 12 months. Reviews **must primarily** focus on the child or young person’s progress towards achieving the outcomes specified in the EHC plan.

|  |  |
| --- | --- |
| **Child’s name** |  |
| Year Group |  |
| Date of this annual review meeting |  |
| Has this review been aligned with another meeting e.g. PEP, CIN, Continuing care, EHE review, FST? |  |
| Setting Name |  |
| Setting Type |  |
| SEN Live reference number |  |

## Recommendations of the Annual Review Meeting

Considering Section 44 of the Childrens and Families Act 2014 and the child’s or young person’s progress, your recommendation is for the EHC plan to be: **(tick one option)**

|  |  |
| --- | --- |
| 1. maintained without amendment i.e. the child or young person still requires the LA to determine SEN provision as outlined in their current EHC plan.
 | [ ]  |
| 1. ceased i.e. the identified Outcomes have been met and the child or young person’s needs can be met from resources available through the Local Offer OR they are no longer in education or training OR they are moving into higher education or employment.
 | [ ]  |
| 1. amended

Please ensure all suggested amendments are clearly documented within this annual review paperwork. **It is helpful if you provide an annotated copy of the EHCP.** | [ ]  |

\*Section 44 of the Children and Families Act 2014 [Children and Families Act 2014 (legislation.gov.uk)](https://www.legislation.gov.uk/ukpga/2014/6/section/44) and Regulations 2, 18, 19, 20, and 21 of the SEND Regulations 2014 [The Special Educational Needs and Disability Regulations 2014 (legislation.gov.uk)](https://www.legislation.gov.uk/uksi/2014/1530/pdfs/uksi_20141530_en.pdf)

Statutory Guidance:

The Special Educational Needs and Disability Code of Practice-dated January 2015 -Paragraphs 9.166 –9.185 [SEND code of practice: 0 to 25 years - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25)

## Invitees/Attendees

**Invitee Details**

The following people should be invited to the meeting:

* The child’s parents and/or young person
* A setting representative
* A local authority officer (this may be a SEND Lead Worker or an Education Officer)
* A health service and social care representative (if relevant to the Plan)
* Other individuals important to the review of the EHC Plan (e.g. advisory teacher, job coach, therapists, YOT, Children and Young People’s Disability Team (CYPDT) Social Worker) as agreed with the young person or parents/carers.

**Chair/meeting facilitator:**

**Role/organisation:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Role / Organisation** | **Attended (Yes/No)** | **Contribution to review e.g. updated report/clinic letter** | **Email address and phone number** |
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## Exclusions and Attendance (please attach herringbone)

|  |  |
| --- | --- |
| Overall attendance rate at date of review for this academic year | % |
| Overall attendance rate for last academic year | % |
| Does the child / young person receive any of their education off-site for any part of the week?If so, where do they attend and for how much time and what is the provision? | Yes [ ] No [ ]  |
| Has the child / young person received any exclusions since the last annual review of their EHC plan? | Yes [ ] No [ ]  |

If the answer is yes to any of the above, please include details of the child/young person’s off-site provision and/or exclusions record including reasons for and durations of fixed term exclusions:

|  |
| --- |
|  |

## Considering Section A of the EHC plan

Child/Young Person’s contact information

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Other names |  |
| Address  |  | Postcode |  |
| Date of Birth |  | Gender |  |
| Email address |  | Tel no. |  |
| Preferred method of contact (Young Person over 16 only) |  | Preferred pronoun |  |
| Home Language |  | Interpreter required (Y / N) |  |
| Is Child/Young Person taught in the correct year group for their age?   |  | UPN |  |
| Primary Special Educational Need  | *(Delete as appropriate to leave one option*)* Cognition & Learning
* Communication & Interaction
* Sensory and/or Physical
* Social, Emotional & Mental Health
 | Social care case status  |  |
| Additional needsand any new diagnosis  |  | Diagnosis (date) |  |

### Parent/Carer Contact information

|  |  |  |
| --- | --- | --- |
|   | **Parent/Carer 1**  | **Parent/Carer 2**  |
| Full names and title  |   |   |
| Address including postcode (if different from child)  |   |   |
| Relationship to child/young person |  |  |
| Home tel. number  |   |   |
| Mobile tel. number  |   |   |
| Work tel. number  |   |   |
| Email address   |   |   |
| Home Language  |   |   |
| Communication needs eg interpreter, BSL, N/A  |   |   |

## Considering Sections B, C and D of the EHC plan

## Special Educational Needs

**Academic Attainment and Progress over the last year – Recent assessments**

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject / course / EYFS aspect** | **Type / name of assessment** | **Attainment at previous review** | **Current assessment** |
|  |  |  |  |
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***Note:*** *If preferred, you may append the child/young person’s attainment record instead of completing the table above. However, the commentary box (below) for attainment and tracking data must still be completed to support the interpretation of the data you are providing.*

|  |
| --- |
| **Description and commentary of attainment and tracking data.** Please provide additional information/commentary relating to the attainment data particularly to help the local authority understand and interpret setting specific assessment data. |
|  |

**New identified needs including Education, Health and Social Care (EHC)**

Have any new needs been identified? Yes [ ]  No [ ]

If yes, please describe any EHC new needs below including any new assessments pending or otherwise:

|  |
| --- |
|   |

Newly identified needs should be underpinned by supporting professional evidence. Please attach the report that evidences the new need or diagnosis.

|  |  |
| --- | --- |
| **Name and job role of author** | **Date of report** |
|  |  |
|  |  |
|  |  |

**Have the family received support from Social Care professionals over the last year?**

**Yes** [ ]  **No**  [ ]

**If yes, please detail below:**

|  |
| --- |
|  |

**Would the family like a parent/carer assessment?**

**Yes** [ ]  **No**  [ ]

***If yes, please refer parent to the relevant sections of the Local Offer so they can request an assessment.***

[***https://www.norfolk.gov.uk/children-and-families/send-local-offer/health-and-social-care/social-care/send-children-social-care/parent-carers-needs-assessment***](https://www.norfolk.gov.uk/children-and-families/send-local-offer/health-and-social-care/social-care/send-children-social-care/parent-carers-needs-assessment)

## Considering Preparing for Adult Life

Preparing for adult life should start at the earliest age possible (no later than Year 9) and be built on at subsequent reviews. Where independent travel training is happening in Year 7 for example, the details should be recorded here. **From Year 9 onwards, this section is to be completed with/by the young person prior to the annual review meeting.**

**Informed consent:**

|  |  |
| --- | --- |
| **If you are over 16 years of age: How should the Local Authority communicate with you about your EHC plan in the future?****Directly** (no correspondence to be sent to anyone else)**:***Please ensure the young person’s email address and phone numbers are included in Section A of this form.* | [ ]  |
| **Directly and with a copy of any correspondence to:***Please ensure contact details are included in Section A of this form.*Name: Relationship to YP:  | [ ]  |
| **Only send correspondence to:***Please ensure contact details are included in Section A of this form.*Name: Relationship to YP: | [ ]  |

About me

**Years 9 to 11:** Please complete an ‘Aspiration Tree document’ for your next annual review

(see appendices)

|  |  |
| --- | --- |
| What are you currently studying? Include expected qualification.  |  |
| Which college setting and course would you to study at the end of Year 11? |    |

**Year 12 and above only:**

|  |  |
| --- | --- |
| What qualifications (subjects and levels) have you achieved so far? |  |
| Is this academic year expected to be your final year in formal education?  |   Yes [ ]  No [ ]  |
| If no please detail your education and training plans for the next 12 months |  |
| Summary of the careers advice, information and guidance the young person has received under school’s/college’s statutory duty to provide independent, impartial information, advice and guidance (IAG). |  |

**Thinking about the future, do we need to consider any of the following for when you leave School/College?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **What actions need to be taken now and by whom?** |
| Independent living – how to make you as independent as possible as you become an adult including where you would like to live and travel training. |  |  |  |
| Participating in society – including having friends and supportive relationships, and participating in and contributing to the local community. |  |  |  |
| Being as healthy as possible in adult life (including any health checks). |  |  |  |
| Any other thoughts or concerns about your future and finishing school/college?Other |  |  |  |

## Considering transport

|  |  |
| --- | --- |
| Does the child or young person receive transport? | Yes [ ]  No [ ]  |
| Is this because they live further than the statutory distance from education setting? | Yes [ ]  No [ ]  |
| Do they receive this based on exceptional SEND transport needs? | Yes [ ]  No [ ]  |
| Where the child or young person receives exceptional SEND transport do they continue to need this service? | Yes [ ]  No [ ]  |

If yes, please provide information about their ongoing needs including relevant updated professional reports:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Has the child or young person received independent travel training? | Yes [ ]  No [ ]  |
| Are they now travelling independently? | Yes [ ]  No [ ]  |

## Considering Section E of the EHC plan

### Review of Outcomes

**Please complete for each Outcome in the EHCP**

Provide comments on the child or young person’s progress, whether the outcome has been achieved or remains appropriate and what steps will be taken to support progress.

|  |  |
| --- | --- |
| **Progress measure key****(1-5)** | **1.** No progress or deterioration **2.** Limited Progress **3.** Moderate Progress **4.** Significant Progress**5.** Achieved  |

### Education (EHC plan Section E and F)

|  |  |
| --- | --- |
| Outcome (E) |  |
| What progress has been made?  | **1**[ ]  **2** [ ]  **3** [ ]  **4** [ ]  **5** [ ]  |
| Is this outcome still relevant? | Remain [ ] Amend[ ] Remove [ ]  |
| Suggested amendments to outcome (E) |  |
| Suggested amendments to Provision (F)Referenced to the enclosed supporting evidence: |  |

### Health (EHC plan Section E and G)

Insert/delete boxes as required

|  |  |
| --- | --- |
| Outcome (E) |  |
| Provision (G)Including impact, effectiveness and refinements since last review |  |
| What progress has been made? | **1**[ ]  **2** [ ]  **3** [ ]  **4** [ ]  **5** [ ]  |
| Is this outcome still relevant? | Remain [ ] Amend[ ] Remove [ ]  |
| Suggested amendments to outcome (E) |  |
| Suggested amendments to Provision (G)Referenced to the enclosed supporting evidence: |  |

### Social Care (EHC plan Section E and H1 and H2)

Insert/delete boxes as required

|  |  |
| --- | --- |
| Outcome (E) |  |
| Provision (H1 or H2)Including impact, effectiveness and refinements since last review |  |
| What progress has been made? | **1**[ ]  **2** [ ]  **3** [ ]  **4** [ ]  **5** [ ]  |
| Is this outcome still relevant? | Remain [ ] Amend[ ] Remove [ ]  |
| Suggested amendments to outcome (E) |  |
| Suggested amendments to Provision (H1 or H2)Referenced to the enclosed supporting evidence: |  |

## Proposed amendments to the EHC Plan

|  |  |
| --- | --- |
| Are there amendments to be made to the EHC plan? | Yes [ ]  No [ ]  |
| Amendments are being proposed to the following sections:A [ ]  B [ ]  C [ ]  D [ ]  E [ ]  F [ ]  G [ ]  H [ ]  I [ ]  J [ ]  K [ ]  |  |

|  |
| --- |
| *Any proposed amendments, including new outcomes, should be written onto a copy of the plan or attached to this review and evidenced through feedback and/or reports.*  |

## Considering Section J of the EHC plan

## Personal Budget

|  |  |  |
| --- | --- | --- |
| **Personal Budget (PB)** | **Yes** | **No** |
| Has a personal budget been requested? |[ ] [ ]
| Has a personal budget been agreed? |[ ] [ ]
| A: Direct Payment |[ ] [ ]
| B: Notional Arrangement (LA or educational setting holds budget and commissions the specified support) |[ ] [ ]
| C: Third Party Arrangements (Funds are paid to and managed by an individual or organisation on behalf of the parents or young person) |[ ] [ ]
| D: A combination of the above  |[ ] [ ]

**Is the family in receipt of Short Breaks or Direct Payments from Social Care?**

**Yes** [ ]  **No**  [ ]

**If yes, please detail below:**

|  |
| --- |
|  |

**New/continuing requests for personal budgets**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Description of the provision to meet the needs and outcomes to be met by PB** **Include ref. for the need & outcome** (as stated on the EHC plan) | **Annual cost** | **Weekly/monthly****if appropriate** |
| **Education** |  |  |  |
| **Health** |  |  |  |
| **Social Care** |  |  |  |
| **Other** |  |  |  |
|  | **Total available as a PB:** |  |  |

## Considering Section I of the EHC plan

## Education Placement

|  |  |
| --- | --- |
| **Is the child or young person considered to be at risk of permanent exclusion?** | Yes [ ]  No [ ]  |
| **Recommendation or parental/young person request for a change of placement – as part of phase transfer or otherwise?** **Where the answer is yes, please name the setting or type of setting being requested.**  | Yes [ ]  No [ ]  |

### Mandatory fields if change of placement is being supported by the current setting

|  |
| --- |
| **If a different setting is sought, please describe why current setting is deemed no longer appropriate for the child/young person.**  |
|  |
| **What strategies and interventions (reasonable adjustments) have been put in place to try to maintain current placement?** |
|  |
| **What further strategies, interventions, and support (reasonable adjustments) have been identified to maintain current placement? And what support might the setting need to implement these?** |
|  |

|  |
| --- |
| **Have the child or young person’s SEND needs changed so significantly that another full EHC needs assessment should be considered?** **Yes** [ ]  **No** [ ]  |
| **If the child or young person is currently in Specialist Provision – can the child / young person’s needs now be met in a mainstream placement?****Yes** [ ]  **No** [ ]  |
| **Does any person attending this review not agree with the recommendations recorded?** **Yes** [ ]  **No** [ ]  |
| **If yes, please give details** |

## Signature page

Any Headteacher/Principal delegated signatories must be appropriately qualified to sign this document (e.g. SENCo, Deputy Head).

Incomplete annual review paperwork will not be accepted and will be returned to the setting for completion.

### Educational Setting Representative

|  |  |  |
| --- | --- | --- |
| Name and job role (please print) | Signature | Date |
|  |  |  |

By signing and returning this form, the school/college/setting is confirming that copies of this EHCP review paperwork have been sent to all those who were invited to the annual review meeting, including the parents/carers, **within 2 weeks of the annual review meeting or by the end of term (whichever is sooner).**

**Arrangements for returning this document to the Local Authority**

**The statutory time frame that determines EHCP Annual Reviews is set out at Regulation 20 of the Special Educational Needs and Disability Regulations 2014. In accordance with Regulation 20(9) this written report must be prepared and circulated to all invitees within two weeks of the review meeting.**

Please check that you are submitting all reports/documents referenced in this paperwork.

1. **Electronically (preferred)**

On completion, please return all documentation to cs.senannualreviews@norfolk.gov.uk

We ask that you do not restrict permissions as we then have to request access before we can process anything building in delay.

If you want to ensure privacy of documents we would ask that you password protect the annual review document and then send the password in a separate email using the same subject header so we can match the two emails together.

1. **By post**

Please send this by post to:

SEN Operational Support Team, Children’s Services, Room 16, Professional Development Centre, 144 Woodside Road, Norwich, NR7 9QL

Next steps: The Local Authority will write to parents/carers (copy to the setting) within four weeks of the review meeting informing them of the Local Authority’s annual review decision (either (a) maintain without amendment, (b) cease, or (c) amend the EHCP). This correspondence will include information on options available to parents/carers who disagree with the Local Authority’s annual review decision and where to find additional information and advice.

## Appendix One

### Child/Young Person’s Views

|  |
| --- |
| **Tell us about your family, school and friendships**  |
|  |
| **What do you enjoy? Who with? What are you good at?**  |
|  |
| **What do you find difficult? What do you need to help you?**  |
|  |
| **What are your hopes for the future (think current year/ phase of education/ aims for adult life)**  |
|  |
| **How do you want to be given information?**  British Sign Language Level 1 **eg talking, signing, pictures, technology** |
|  |
| **How can we involve you in decision making and make sure that your choices are listened to and understood?**  |
|  |

## Appendix Two

### Parent/Carer Views

|  |
| --- |
| **What are the things you feel most pleased your child/young person has achieved this year?**     |
| **What are the things you feel concerned about (if any):**     |
| **What has changed since last year that people need to know (school or at home)?**     |

**Are there any reports you would particularly like to attach yourself (this might include private professional reports, drawings, pictures, photos, video clips or pieces of writing that your child/young person has done)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attachment name**  | **Date**  | **Who from**  | **Key points or why this is important**  |
|   |   |   |   |
|  |  |  |  |
|  |  |  |  |
|   |   |   |   |

|  |
| --- |
| **What are your views about your child's/young person's progress over the last year towards the outcomes currently in their Education, Health and Care Plan?**  |
| **Could anything be done differently?**  |

|  |
| --- |
| **What do you want for your child/young person in the future (think 1 year ahead, 5 years ahead, adulthood)**      |
| **What skills does your child need to develop to make these things happen?**  |
| **Who and what would help or support your child to achieve this?**  |

## Appendix Three

### Professional Views

|  |  |  |  |
| --- | --- | --- | --- |
| **Child/Young Person’s Name:** |  | **Date of Birth:** |  |
| **Setting/School/College:** |  | **Date of Meeting:** |  |
| **Name of Professional:** |  | **Team/Role:** |  |

|  |
| --- |
| **My involvement and what I like and admire about *(child/young person’s name):*** |
| **What I consider is important to *(child/young person’s name)* now and in the future?** |

**The reports I have written this year or are still important**

|  |  |  |  |
| --- | --- | --- | --- |
| Title of Report | Date | Key Points | Where can this report be found? |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **What’s working:** |
| **What’s not working:** |
| **What do you think could be done differently:** |
| **Are there any new outcomes *(child’s name)* should be working towards this year?** |
| **Are there any new needs identified?** |
| **Actions – what support can I provide over the next year** |

Name …………………………………………………………………

Signature ……………………………………………………………

Date ……………………………………….

*Appendix 4 includes various designs of an aspirations template for your child or young person to complete.*

My aspiration tree

|  |
| --- |
| My aspirations – what do I hope to achieve in the future? |
|  |

|  |
| --- |
| My outcomes – what will the benefit or difference be from doing this? |
|  |

|  |
| --- |
| What do I need to achieve to reach my goal? What will make it easier for me to achieve my outcomes? |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| What do I need to learn? | Who can help me?  | What will help me be healthy?  | What support is available to me?  |
|  |  |  |  |

|  |
| --- |
| What help is available for…  |
| Learning: Community/support: Health: Independent living:  |

My aspiration tree

|  |
| --- |
| **My aspirations – what do I hope to achieve in the future?** |
| To go to work full time |

|  |
| --- |
| **My outcomes – what will the benefit or difference be from doing this?** |
| By the age of 21 I will be working in a hair salon and receiving a wage |

|  |
| --- |
| **What do I need to achieve to reach my goal? What will make it easier for me to achieve my outcomes?** |
| To pass my hair and beauty course. Find a salon near to my home as I do not travel well. I need scissors. I need some work experience. I need contact with members of the public. I need to be helped to travel independently.  |

|  |  |  |  |
| --- | --- | --- | --- |
| **What do I need to learn?** | **Who can help me?**  | **What will help me be healthy?**  | **What support is available to me?**  |
| Extra time on assessments. Customer service skills. Practice on hair. Support in telling the time. How to use money and digital transactions for money. H&S training. | College, family, friends, TITAN course, local salon introduction | Choosing to cook and/or eat healthy foods.Find a type of exercise I enjoy and do it once or twice a week. Choose to walk whenever possible to get around |  |

|  |
| --- |
| **What help is available for…**  |
| Learning: Community/support: Health: Independent living:  |



My aspirations

|  |
| --- |
| My aspirations – what do I hope to achieve in the future? |
|  |



|  |
| --- |
| My outcomes – what will the benefit or difference be from doing this? |
|  |



|  |
| --- |
| What do I need to achieve to reach my goal? What will make it easier for me to achieve my outcomes? |
|  |



|  |  |  |  |
| --- | --- | --- | --- |
| What do I need to learn? | Who can help me?  | What will help me be healthy?  | What support is available to me?  |
|  |  |  |  |

|  |
| --- |
| What help is available for…  |
| Learning: Community/support: Health: Independent living:  |



My aspirations

|  |
| --- |
| My aspirations – what do I hope to achieve in the future? |
|  |



|  |
| --- |
| My outcomes – what will the benefit or difference be from doing this? |
|  |

|  |
| --- |
| What do I need to achieve to reach my goal? What will make it easier for me to achieve my outcomes? |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| What do I need to learn? | Who can help me?  | What will help me be healthy?  | What support is available to me?  |
|  |  |  |  |

|  |
| --- |
| What help is available for…  |
| Learning: Community/support: Health: Independent living:  |



My aspirations

|  |
| --- |
| My aspirations – what do I hope to achieve in the future? |
|  |

|  |
| --- |
| My outcomes – what will the benefit or difference be from doing this? |
|  |

|  |
| --- |
| What do I need to achieve to reach my goal? What will make it easier for me to achieve my outcomes? |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| What do I need to learn? | Who can help me?  | What will help me be healthy?  | What support is available to me?  |
|  |  |  |  |

|  |
| --- |
| What help is available for…  |
| Learning: Community/support: Health: Independent living:  |



My aspirations

|  |
| --- |
| My aspirations – what do I hope to achieve in the future? |
|  |

|  |
| --- |
| My outcomes – what will the benefit or difference be from doing this? |
|  |



|  |
| --- |
| What do I need to achieve to reach my goal? What will make it easier for me to achieve my outcomes? |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| What do I need to learn? | Who can help me?  | What will help me be healthy?  | What support is available to me?  |
|  |  |  |  |

|  |
| --- |
| What help is available for…  |
| Learning: Community/support: Health: Independent living:  |

My aspirations

|  |
| --- |
| My aspirations – what do I hope to achieve in the future? |
|  |

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| --- |
| My outcomes – what will the benefit or difference be from doing this? |
|  |

|  |
| --- |
| What do I need to achieve to reach my goal? What will make it easier for me to achieve my outcomes? |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| What do I need to learn? | Who can help me?  | What will help me be healthy?  | What support is available to me?  |
|  |  |  |  |

|  |
| --- |
| What help is available for…  |
| Learning: Community/support: Health: Independent living:  |



My aspirations

|  |
| --- |
| My aspirations – what do I hope to achieve in the future? |
|  |

|  |
| --- |
| My outcomes – what will the benefit or difference be from doing this? |
|  |



|  |
| --- |
| What do I need to achieve to reach my goal? What will make it easier for me to achieve my outcomes? |
|  |



|  |  |  |  |
| --- | --- | --- | --- |
| What do I need to learn? | Who can help me?  | What will help me be healthy?  | What support is available to me?  |
|  |  |  |  |



|  |
| --- |
| What help is available for…  |
| Learning: Community/support: Health: Independent living:  |



My aspirations and goals

|  |
| --- |
| My aspirations – what do I hope to achieve in the future? |
|  |

|  |
| --- |
| My outcomes – what will the benefit or difference be from doing this? |
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| What do I need to achieve to reach my goal? What will make it easier for me to achieve my outcomes? |
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| What do I need to learn? | Who can help me?  | What will help me be healthy?  | What support is available to me?  |
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| What help is available for…  |
| Learning: Community/support: Health: Independent living:  |



My aspirations and goals

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| My aspirations – what do I hope to achieve in the future? |
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| My outcomes – what will the benefit or difference be from doing this? |
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