

Action Requested	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Special Educational Needs Annual Review <Year>

Pupil's Name	_____	School	_____
Date of Birth	_____	Pupil Ref No	_____
Address	_____	Date of Admission	_____
	_____	Year Group	_____
Telephone No	_____	Class Size	_____

Person(s) with Parental Responsibility:

Pupil's SEN:

Name	_____	_____
Address if different from above	_____	_____
	_____	_____
Telephone No	_____	_____

Annual Review meeting: _____ **Date:** _____

Persons invited	Designation	Contribution		Attended	
		Requested	Received	Y	N
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please (✓) as appropriate

Type of Review	
<input type="checkbox"/>	Annual Review
<input type="checkbox"/>	Transfer Review
<input type="checkbox"/>	Transition (14+) Review

Action			
<input type="checkbox"/>	Other Change of Placement	<input type="checkbox"/>	School Leaver
<input type="checkbox"/>	Amendment to Statement	<input type="checkbox"/>	Leaving Date _____
<input type="checkbox"/>	Cease Statement	<input type="checkbox"/>	No Change

Current Provision (Please (✓) Give details of each provision eg time)

Specialist Equipment (specify)		
Additional Teaching		
Classroom Assistance		
Other Adult Assistance (specify)		
Outreach/Peripatetic support		
Therapy		
Disability Access requirements		
Examination Concession Requirements		

Review of the Statement of Special Educational Needs

1. **Do the objectives of the Statement remain appropriate?** Yes No
If not, please state the reasons.

2. **Does the pupil have access to the full NI Curriculum without exemptions or modifications?** Yes No
If not, please give details.

Are there any examination concessions required? Yes No
If yes please give details.

3. **Are there any significant new needs that are not recorded on the Statement?** Yes No
If yes, please attach appropriate documentary evidence.

4. **Has the pupil made satisfactory progress towards achieving the targets set out in his/her Education Plan during the past year?** Yes No
If not, please give details.

5. **Is there any reason why the provision should be amended to meet the pupil's needs?** Yes No
If yes, please attach appropriate documentary evidence.

6. **Is the present placement appropriate to meet the pupil's Special Educational Needs?** Yes No
If not, please provide details.

7. **Should the Statement continue to be maintained?** Yes No
If not, please state the reasons.

8. **Has the Transition Plan (if applicable) been drawn up?** Yes No
If so please attach copy.

Has the Transition Plan (if applicable) been reviewed?
If the Transition Plan has been revised, please attach a copy of the revised Plan.

Reports/Contributions Attached:-	
<input type="checkbox"/> Current Education Plan	<input type="checkbox"/> Speech & Language Report
<input type="checkbox"/> Most Recent School Report	<input type="checkbox"/> Physiotherapy Report
<input type="checkbox"/> Transfer Form	<input type="checkbox"/> Occupational Therapy Report
<input type="checkbox"/> Transition (14+) Plan	<input type="checkbox"/> Social Services Report
<input type="checkbox"/> Educational Psychology Report	<input type="checkbox"/> Parental Contribution
<input type="checkbox"/> Outreach/Peripatetic Report(s)	<input type="checkbox"/> Pupil Contribution
<input type="checkbox"/> Medical Report	<input type="checkbox"/> Other

Are all those attending Review in agreement? (If not, please attach details.) Yes No

Principal: _____

Date: _____

Parent: _____

Date: _____

Teacher: _____

Date: _____

**MONITORING RECORD FOR ANNUAL REVIEW OF A PUPIL WITH A
STATEMENT OF SPECIAL EDUCATIONAL NEEDS**

NAME OF PUPIL: SCHOOL: Castle Tower

DOB: CLASS/YEAR:

SEN No: ACADEMIC YEAR

SEN CATEGORY: PRIMARY NEED:

ADDITIONAL NEED (if appropriate):

ATTENDANCE IN CURRENT SCHOOL YEAR

Actual:

Possible:

Comments and Reasons for absences (if known):

FRAMEWORK OF SUPPORT FOR PUPIL (SCHOOL AND BOARD)

1. Direct teaching and all other timetabled support

School provided:

Education Authority provided:

Other:

2. Specific strategies/interventions and progress

3. Please comment on the effectiveness of strategies used to date

MOST RECENT STANDARDISED TEST RESULTS
(Relevant for Pupils with SEN in the Areas of SpLD, MLD or Speech and Language)

	<u>Name of Test</u>	<u>Date of Test</u>	<u>Age at Testing</u>	<u>Age Equivalent</u>	<u>Standardised Score</u>
<u>Cognitive</u>					
<u>Language*</u>					
<u>Reading Accuracy*</u>					
<u>Reading Comprehension*</u>					
<u>Spelling*</u>					
<u>Mathematics*</u>					

**Please provide up-to-date attainment scores, ie within the last 6 months.*

ESTIMATE OF LEVEL OF ATTAINMENT IN NORTHERN IRELAND CURRICULUM

	English	Maths	Science
Child's current level of attainment			
Average level of attainment of class			

This record must be completed by the SENCO or class teacher as part of the pupil's Annual Review Process and forwarded to the Special Education Department along with the Review Report.

Signed: _____
Principal/SENCo

Date: _____



**SUMMARY OF THE AGREED PROFESSIONAL AND PARENTAL DECISIONS
REACHED AT THE ANNUAL REVIEW MEETING**

ITEMS DISCUSSED	DECISION/ACTION RECOMMENDATIONS	PERSON(S)/AGENCY RESPONSIBLE (either Individually or by working together)
Education Plans		
Parent Issues		
Pupil Issues		
School Issues		
Other Agencies Report (if applicable)		
Transition Plan (if applicable)		
Careers Officer (if applicable)		
Future Pathways (if applicable)		
Any other relevant information		

<p>Annual Review</p> <p>Young Person's Contribution</p>

NAME:

CLASS:

1. **What do you do best in school?**

2. **What do you find difficult in school?**

3. **Do you have any problems or worries about school?**

4. **What do you like doing outside school (e.g. clubs, hobbies, sports)?**

5. **What would you like to do when you leave school?**

Signed

Date