EHCP Annual Review: Professional Update

Wokingham Borough Council · Education, Health and Care Plan

For health, social care, therapy and other professionals. Use brief bullet points; complete only what is relevant. Write “No change” or “Not applicable” where appropriate.

Child / young person’s name:	**Date of birth:**
Professional’s name, role and service:	**Review date:**
Contact details:	**Report date / period covered:**

Area	Brief professional update
Progress against EHCP outcomes Identify outcomes relative to your service. What progress has been made? Give a brief example / evidence.	
Support and engagement What support was delivered and how often? How did the child / young person engage? Note barriers or gaps.	
Changes required to the EHCP No change, or specify what needs changing in needs, outcomes or provision, and why. Give proposed wording if possible.	
Next steps What needs to happen next, who will do it and by when? Include any assessment, referral or transition support needed.	

Completed by (typed name):	**Date:**

Submit to the annual review organiser. Attach an existing report only if needed; reference it above.