

ANNUAL REVIEW MEETING

Pupil's Comments – Key Stages 1 and 2 (Form AR1)

Name _____ School/Setting _____

Please colour in the face that you feel is you.

I like school.	☺	☹	☹
School helps me.	☺	☹	☹
The work in school is too easy.	☺	☹	☹
My friends help me with my work.	☺	☹	☹
Adults in school help me.	☺	☹	☹
I understand what teachers are saying to me.	☺	☹	☹
I behave well in class.	☺	☹	☹
I behave well at play times.	☺	☹	☹

The things I enjoy most in school are: _____

The things I don't enjoy are: _____

I work best when: _____

In future I would like to get better at: _____

Signed (*Pupil*) _____ Date _____

Signed (*Adult helper*) _____ Date _____

Relationship to Pupil _____

ANNUAL REVIEW MEETING

Pupil's Comments – Key Stages 3 and 4 (Form AR1)

Name _____ School/Setting _____

This year I feel I have improved in:	
The lessons I enjoy are:	
The things that have helped me most this year are:	
I think my targets for the future should be:	
People in school can help me by:	
People at home can help me by:	
I can help myself by:	

Signed (*Pupil*) _____ Date _____

Signed (*Adult helper*) _____ Date _____

Relationship to Pupil _____

ANNUAL REVIEW MEETING

Comments of Parent(s)/Carer(s) (Form AR2)

Pupil Name _____ School/Setting _____

Are you pleased with your child's progress during the past year? Yes No

Please add comments if you wish.

Do you have any comments on the way your child's needs are being met, either:

a) in school?

b) by any external agency (where appropriate)?

Would you like advice on how you can help your child further? Yes No

If yes, please provide details.

Are there any other issues that you would like to raise?

Signed _____ Parent/Carer Date _____

Please return this advice to the school at least three weeks before the review meeting.

ANNUAL REVIEW MEETING

Professional Advice Form (Form AR3)

To be completed by:

		✓ Name
Teaching Assistant		
Social Worker		
BST		
WESS (LST/EAL/SpLD)		
EPS		
Other, ie		

Pupil Name _____

DoB _____

School/Setting _____

No. _____

An Annual Review meeting for the above named pupil has been arranged as follows:

Date _____ Time _____ Venue _____

Please give details of any involvement you have had with this pupil over the last twelve months. (Attach reports where appropriate.)

Have you attached any further information?

Yes No

Signed _____ Date _____

Please return this advice to the school at least three weeks before the review meeting.

ANNUAL REVIEW MEETING

Medical Advice Form (Form AR4)

To be completed by:

Agency	✓	Name
OT Service	<input type="checkbox"/>	
SALT Service	<input type="checkbox"/>	
Physiotherapy Service	<input type="checkbox"/>	
CAMHS	<input type="checkbox"/>	
Other, ie	<input type="checkbox"/>	

Pupil Name _____ DoB _____

Address _____

School/Setting _____ No. _____

An Annual Review Meeting for the above named pupil has been arranged as follows:

Date _____ Time _____ Venue _____

If you have had any involvement with this pupil over the last twelve months, please give details. (Attach reports where appropriate.)

Do you foresee any changes which may impact upon the support he/she receives?

Have you or your service previously contributed advice for the Statement?

Yes No

If yes, does the existing advice still apply?

Yes No

If the advice requires amending, please provide further details.
(Additional sheets may be used.)

Have you attached any further information?

Yes No

Signed _____ Date _____

Please return this advice to the school at least three weeks before the review meeting.