

**Confidential**

**Education Plan for Previously Looked After Children**

**(**Use this form if this is the **first** EPPLAC meeting at the educational setting only.**)**

To be completed jointly by parents and educational setting. To be used in conjunction with the Young Person’s completed ‘What I would like you to know about me’ questions.

**Date of Meeting**:

**Name of Provision**: **Date of Admission**:

**Name**:

**Date of Birth**: **Year Group**:

**Year Adoption/ Special Guardianship/Child Arrangement Order**:

**Name of Parents/**

**Carers/Guardians**:

**Special Educational Needs:**

SEN Support Provision Plans Behaviour Support Plan SENIF/HNF EHCP

Additional support plans referenced within the meeting **YES/NO**

If Yes, are they attached to this meeting record? **YES/NO**

**Involvement and Attendance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Role/Relationship/**  **Organisation** | **Date involved from** | **Still Involved Please tick** | **Attended Please tick** | **Invited to next Review** |
|  | Designated Teacher |  |  |  |  |
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Please include all professionals involved in supporting the Young Person and their family.

**Current Educational Attainment**

Reading Writing Maths

**Person completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| **Significant information on early experiences** *(e.g. brief description of birth family history, periods in care, attachment experiences etc.)* |
| **Further Information Reference(s)** |

|  |
| --- |
| **Young Person’s Views**  *What are the young person’s views on their education, strengths, needs, etc?* |

|  |  |
| --- | --- |
| **Parents’ / Carers summary.**  *Include information on issues at home, transitions to school and general observations regarding wellbeing, education, and any other relevant information.* | |
| **School’s Summary** *(including information on progress, interventions, wellbeing etc.* | |
| **Young Peron’s Areas of Strength (include evidence)** | |
| **YP Present at Meeting?**  **Young Person’s Areas of Need**  **(include evidence)** | **Provision to support Young Person with this.** |
|  |  |

**Actions to help Young Person:**

|  |  |  |
| --- | --- | --- |
| **Action Needed** | **By When** | **Person Responsible** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **Would a Boxall Profile help the school in planning support:** Yes/No  **Initial Assessment** **to be carried out by:** DD/MM/YYYY  **Review Assessment** **to be carried out by**: DD/MM/YYYY | | **HVS to advise on analysis and interventions:**  Yes/No  If yes, parents will need to sign the consent form to confirm that the school will be responsible for holding the assessment and future assessments. |
| **Parents/Carers/Guardians have agreed that copies of the EPPLAC record will go to and where it will be confidentially filed:** | | |
| **If the Young Person was not present at the meeting, who will feedback to them regarding outcomes and discussion:** | | |

**Completed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(School/EYP)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent/Carer/Guardian)

**Date/Place of Review:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_