**Diagram

Description automatically generated**

**Education Plan**

**Previously Looked After Children**

Confidential

|  |  |
| --- | --- |
| **Name** |  |
| **Year Group** |  |
| **Parent/Carer** |  |
| **Date of Meeting** |  |
| **Date of review:** |  |

**PART A – Completed by parents/carers**

|  |  |  |
| --- | --- | --- |
| **Child’s Name:** |  | |
| **Date of Birth:** |  | |
| **Information completed by:** |  | |
| **Relationship to child:** |  | |
| **Young Person’s Views (please ensure that the young person gives their views):** | | |
| **My strengths are:** | |  |
| **My interests are:** | |  |
| **I would like to get better at:** | |  |
| **I find it hard when:** | |  |
| **I would like some help with:** | |  |
| **Significant information on pre-adoptive and early adoptive experiences (what loss and trauma has the young person suffered?)** | | |
|  | | |
| **Young person’s areas of strength:** | | |
|  | | |
| **Young person’s areas of difficulty:** | | |
|  | | |

**Part B – To be completed jointly by parents/carers, school and other professionals where appropriate**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of Meeting:** |  | | | | | |
| **Name of Educational Provision:** |  | | | | | |
| **Date placed with Adoptive Family:** |  | | **Age at Placement:** | |  | |
| **Parents’ Names:** |  | | | | | |
| **Date of Admission:** |  | | | | | |
| **Request for Additional Services:** | **Yes:** | | | **No:** Not at this time | | |
| **Is the young person identified on the SEN Code of Practice?** | **No:** | **SEN Support (K):** | | | | **EHCP:** |
| **Parents have agreed that copies of this EPAC can be shared with:** | | | | | | |
|  | | | | | | |
| **Please list below other professionals involved:** | | | | | | |
|  | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Those attending this meeting are:** | | |
| **Name:** | **Role:** | **Contact Details:** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Indicate where any further, or more detailed information, can be found (eg. document held by parents or in school file is available to specific members of staff)** | | |
|  | | |
| **Target areas for supporting the young person: (including any additional funding)** | | |
|  | | |
| **Aims for Support (how will you know when things have improved?)** | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Action Needed: (including discussion of any additional funding)** | | **By when?** | **By whom?** | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | | **Completed by:** |  | | | | **Role:** |  | | | | | |