**Education Plan for Adopted and SGO Children**

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| **Name:**  |  | **DOB:**  |
| **Setting:**  |  | **Age:**  |
| **Date of Meeting:** |  | **NC Year:**  |
| **Date Placed with permanent family:**  |  | **Number of Placement Moves** |  |
| **Date of admission to current school:**  |  | **Number of School Placements:**  |  |
| **Parents/ Carers:**  |  | **Adopted or SGO:** |  |
| **Special Educational Needs Code of Practice Level (please tick all that apply)**  |
| **Provision for all** | **SEN Support** | **Education, Health and Care Plan** |
| **Is the school claiming Pupil Premium for this child?**  | **Is the school aware of funds available through the Adoption Support Fund (ASF?)\*** **\*See notes** |
| **Those attending this meeting:**  |
| **Name:** | **Role:**  |

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| **Professional Involvement** |
|  | **Role and Name** | **Date involved from** | **Still involved: Please C:\Users\Hester.Riviere\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\KVXNS03A\Check_mark_23x20_02.svg[1].png** |
| Post Adoption and Permanence Support Team  |  |  |  |
| Education (eg Educational Psychologist) |  |  |  |
| Children’s Social Care |  |  |  |
| Health (including CAMHS) |  |  |  |
| Consultation for Adoptive Families |  |  |  |
| Speech and Language Therapy Service/ Communication and Interaction Service  |  |  |  |
| Occupational Therapist/ Physiotherapist  |  |  |  |
| SENSS |  |  |  |
| SENDIASS |  |  |  |

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| **Significant information on pre-placement history and early life experiences** (eg a brief description of birth family history, periods in care, attachment experiences) ***This information is confidential and cannot be shared more widely without the consent of parents/carers. It may be helpful to agree what information can be shared with school staff more broadly so that they have enough information to provide appropriate support******Confidential Background:******Information that can be shared with all staff:***  |
| **Key information** Parental Responsibility is held by: Any adults who may pose a risk to the child: Please add below relevant information about contact arrangements with family members, restrictions on photographs being taken, key triggers and dates or times of year/ information staff need to be aware of in terms of curriculum content  |

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| **Strengths**  | **Needs (if any)** | **What is working well now?** |
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| **Desired outcome for pupil:**What will we notice that is different in a year’s time? | **Action needed to meet outcome**(Link to Pupil Premium Funding where appropriate) | **Person responsible and by when** | **Review**What has been the impact of the actions? How much progress has been made towards the desired outcome? |
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| **Desired outcome for pupil:**What will we notice that is different in a year’s time? | **Action needed to meet outcome**Link to Pupil Premium Funding where appropriate) | **Person responsible and by when** |
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Completed by: (School)

 (Parent/ Carer)

Date/place of review:

To be attended by:

|  |
| --- |
| **Parents/carers have agreed the copies of this Education Plan will go to:** |
| **Arrangements for ensuring confidentiality of the Education Plan:**  |

**I would like to get better at …**

**You can help me by …**

**Important things to know about**

……………….

[Insert picture here]