**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** |
| 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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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]