**CONFIDENTIAL**

**Education Plan for Previously Looked After Children (EP-PLAC)**

(To be completed jointly by parents/carers, school and other professionals where appropriate)

Date of Meeting

Name of Educational Provision:

For:

Date of Birth:

Year Group:

Parent/carers names:

Date of admission:

Yes

No

Is there an Early Help Assessment in place? (previously CAF). The EAH is a shared assessment tool for use across children`s services which aims to help early identification of needs and promoting a co-ordinated response.

Is the young person identified on the SEN Code of Practice?

EHCP

IEP

No

**Parents/carers have agreed that copies of this EP-PLAC can be shared with:**

|  |
| --- |
| **Professional Involvement** |
|  | Name (and role) | Date involved from | Still involved (please ✓) |
| Support Team |  |  |  |
| Education(Educational Psychologist; Specialist Teachers) |  |  |  |
| Social Care |  |  |  |
| Health (including CAMHS or BEE U) |  |  |  |
| Speech and Language Therapy |  |  |  |
| Physiotherapist/ Occupational Therapist  |  |  |  |
| Parent Family Support Service |  |  |  |
| Other |  |  |  |

Those attending this meeting:

Name: Role:

**Young person’s views on:**

Their strengths?

Their interests?

What do they want to get better at?

What do they find hard?

What, if anything, they would like some help with?

|  |
| --- |
| **Significant information and early life experiences** (e.g. brief description of birth family history, periods in care, attachment experiences) |
| **Indicate where any further or more detailed information can be found** (e.g. document held by parent/carers or in school file that is available to specific members of staff). |

|  |
| --- |
| **Young person’s areas of strength** |
|  |
| **Young person’s areas of difficulty** |
|  |

**Target areas for supporting the young person:**

**Aims for support** (How will you know when things have improved?)

|  |  |  |
| --- | --- | --- |
| **Action needed** | **By when?** | **By whom?** |
| **1.**  |  |  |
| **2.**  |  |  |
| **3.**  |  |  |

Date, time and place of review

**Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Name)

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Role)