Education plan

For Post Looked After Children



V1.0 090124 PPP

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| --- | --- | --- | --- |
| **Name** |  |  |  |
|  |  |  |  |
| **DOB** |  |  |  |
|  |  |  | *Most recent school photo* |
| **School** |  |  |  |
|  |  |  |  |
| **UPN** |  |  | **Year Group** |

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| --- | --- |
| **School Address** |  |
|  |
| **Designated Teacher** |  | **Email Address:** |  |

**Other agencies involved** – *Please delete as appropriate and include name of person involved if known*

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| **Educational****Psychologist** | Yes/No |  | **Social Worker** | Yes/No |  |
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| **Post Adoption****Support** | Yes/No |  | **CAMHS** | Yes/No |  |
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| **SEN Co-ordinator** | Yes/No |  | **Other** | Yes/No |  |

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| **EHCP** | Yes/No | **Primary Need****Please tick**  | [**Cognition and**](https://www.pearsonclinical.co.uk/education-health-and-care-plan-ehc.aspx?tab=2)[**learning**](https://www.pearsonclinical.co.uk/education-health-and-care-plan-ehc.aspx?tab=2) | [**Communication**](https://www.pearsonclinical.co.uk/education-health-and-care-plan-ehc.aspx?tab=3)[**and interaction**](https://www.pearsonclinical.co.uk/education-health-and-care-plan-ehc.aspx?tab=3) | [**Social, emotional**](https://www.pearsonclinical.co.uk/education-health-and-care-plan-ehc.aspx?tab=4)[**and mental health**](https://www.pearsonclinical.co.uk/education-health-and-care-plan-ehc.aspx?tab=4)[**difficulties**](https://www.pearsonclinical.co.uk/education-health-and-care-plan-ehc.aspx?tab=4) | [**Sensory and/or**](https://www.pearsonclinical.co.uk/education-health-and-care-plan-ehc.aspx?tab=5)[**physical needs**](https://www.pearsonclinical.co.uk/education-health-and-care-plan-ehc.aspx?tab=5) |
| **SEN****Support** | Yes/No |
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| **Date of Last Annual Review:** |  | **Copy of EHC Plan received:** |  |

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| **People involved in my meetings** | **Autumn** | **Spring** | **Summer** |
| **Name** | **Position and Organisation** | **Email Address** |
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| **Meeting Schedule** | ***Please highlight date in yellow if held in conjunction with an Annual Review*** |  |
|  | **Autumn** |  |  | **Spring** |  |  | **Summer** |  |  |

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| **Autumn Meeting** |
| ***Please give a summary of significant points made during the meetings. Please include any particular strengths and weaknesses.******(Boxes will expand to include all detail).*** |
|  |
| **How will pupil premium be used to support the child socially, emotionally and academically?*****Please identify the desired outcome from the intervention.*** |
|  |

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| --- | --- | --- |
| **Review of previous SMART Targets** | **Achieved?** | **Target outcome*****please include impact of any Pupil Premium funding.*** |
|  | **Yes/No** |  |
|  | **Yes/No** |  |
|  | **Yes/No** |  |

Action Planning from Today’s Meeting

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| --- | --- | --- | --- | --- |
| **SMART Target** | **Why has this been set?** | **How will it be achieved?** | **By Whom** | **By When** |
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| **Spring Meeting** |
| ***Please give a summary of significant points made during the meetings. Please include any particular strengths and weaknesses.******(Boxes will expand to include all detail).*** |
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| **How will pupil premium be used to support the child socially, emotionally and academically?*****Please identify the desired outcome from the intervention.*** |
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| --- | --- | --- |
| **Review of previous SMART Targets** | **Achieved?** | **Target outcome*****please include impact of any Pupil Premium funding.*** |
|  | **Yes/No** |  |
|  | **Yes/No** |  |
|  | **Yes/No** |  |

Action Planning from Today’s Meeting

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| --- | --- | --- | --- | --- |
| **SMART Target** | **Why has this been set?** | **How will it be achieved?** | **By Whom** | **By When** |
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| **Summer Meeting** |
| ***Please give a summary of significant points made during the meetings. Please include any particular strengths and weaknesses.******(Boxes will expand to include all detail).*** |
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| **How will pupil premium be used to support the child socially, emotionally and academically?*****Please identify the desired outcome from the intervention.*** |
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| --- | --- | --- |
| **Review of previous SMART Targets** | **Achieved?** | **Target outcome*****please include impact of any Pupil Premium funding.*** |
|  | **Yes/No** |  |
|  | **Yes/No** |  |
|  | **Yes/No** |  |

Action Planning from Today’s Meeting

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| --- | --- | --- | --- | --- |
| **SMART Target** | **Why has this been set?** | **How will it be achieved?** | **By Whom** | **By When** |
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