**Confidential**

Early Years/ Year R

Education Plan for Children with an EHCP

**In conjunction with parental agreement**

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| **INSERT SCHOOL LOGO** |

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**Privacy Notice / GDPR**

Please do not enter and share email addresses or contact details unless a privacy notice or consent to share has been signed for this form as per GDPR.

Please be mindful of confidentiality and privacy of child and those involved. Only record and share what is necessary and relevant.

Please ensure you adhere to your school GCPR/Confidentiality Polices.

**Confidential**

Education Plan for Adopted Children

**For pupils with an EHCP (Early Years)**

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| **Section 1:** Child information |
| **My Surname is:**  | **My First name is:**  |
| **I am also known as:**  | **I am in Year:**  |
| **The date I was born is:**  | **My Ethnicity is:** Choose an item. |
| **If this child is EAL their first language is:**  | **UPN number:**   |
| **Dates of my subsequent meetings this academic year *(3 approx per year)***Click here to enter a date.Click here to enter a date. |
| **Date of adoption order:**  | **My date of placement with Adopter(s):** |
| **My “other” education setting(s) *if relevant*:**  | **Date I started my “other” education setting(s):**  |

|  |  |
| --- | --- |
| **Meeting Date:**  |  |
| **Name of Education Setting:** |  |
| **Date of enrolment:** |  |
| **Name of Post Adoption Support Team:**  |  |
| **SEN District:** |  |
| **Name of SEN Case Worker:** |  |

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| **Section 2:** People present at this meeting |
| **Person** | **Name & email:** | **Telephone No.** | **Present****Yes/ No** |
| Me |  |  |  |
| Parent(s) |  |  |  |
| Class Teacher **/** Setting Manager |  |  |  |
| Designated Teacher  |  |  |  |
| Setting/School Based Key Adult |  |  |  |
| Social Worker |  |  |  |
| ELSA |  |  |  |
| Other: |  |  |  |
| Other: |  |  |  |
| Other: |  |  |  |

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| **Section 3:** Early life experiences, including care experience. |
| Record below a brief description of birth family history, periods in care, contact arrangements, attachment, trauma, and loss experiences |
| Indicate where any further or more detailed information can be founde.g. document held by parents or in school file that is available to specific members of staff (copies of these can be added to this document as required).  |

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| **Section 4:** Professional Involvement to date |
| Parent to add in information re previous and current professional involvement. |
| **Professional** | **Name / email / contact details – remember GDPR** | **Date involved from (approx)** | **Still involved?****Yes/No**  |
| Post Adoption Support Team |  |  |  |
| Education(Educational Psychologist; Specialist Teachers) |  |  |  |
| Health (including CAMHS) |  |  |  |
| Community Paediatrician |  |  |  |
| Speech and Language Therapy |  |  |  |
| Physiotherapist/ Occupational Therapist  |  |  |  |
| Parent Family Support Service |  |  |  |
| Primary Behaviour Service/ Portage |  |  |  |
| SEN Caseworker | Include SEN team email address |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 5: Child view**

You may use this version, or own choice if preferred.



Things that I find hard

Who helps me at home and at pre school or school?

Things that I enjoy doing at home

Things that I enjoy doing at pre school or school

My friends are:

All about me!

My name is…………………………………………

Picture or photo of me:

Other important things that you might want to tell the grown ups

What would I like to do better at?

|  |
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| **Section 6: Parent Comments**Can be completed in advance of the meeting |
| **What will help my child to build on their strengths, do their best, and reach their goals?**You may send in your own words in advance and the education setting will paste into this section; **or**share your thoughts at the meeting and the designated teacher will record the main points in this section.You could include the following:* What has your child done well in, both in and out of the setting?
* Do you think your child feels well supported by the setting?
* Do you feel they know their key person?
* Are they keen to take part in a variety of activities?
* Do they have any particular anxieties, worries or concerns?
* What else do you think your child needs?

**Your comments:****What are the key priorities for this meeting?**1.2.3. |

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| **Comments from Professionals:**(Add an additional box if more than one Professional view to be included) |
| **What are the key priorities for this meeting?**1.2.3. |

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| **Section 7: Changes and Review** |
|  |
| Things that have changed in my life since my last EPAC or PEP |
| **Change/event**Reassess needs and barriers to learning and progress as required: | **Explanation/ Details** of any of the changes and their impact as well as my progress since the last EPAC or PEP |
| Have there been (or is there likely to be) any changes in:My Setting/School: Where I live: Social Worker/Key Adult:  |  |

Notes:

**Section 8: Learning and Development**

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| **Have you had your 2 year old check?**  |
| **Parent comments, including feedback from 2-year-old health progress check** |

 **Prime Areas**

**Examples of my:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Communication and language****Current progress:** |  | **Personal social and emotional development****Current progress:** |  | **Physical development****Current progress:** |
|  |  |  |  |  |

**Specific Areas**

**Examples of my:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Literacy****Current progress:** |  | **Mathematics****Current progress:** |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Understanding the world****Current progress:** |  | **Expressive arts and design** **Current progress:** |  |  |
|  |  |  |  |  |

**Section 8: Learning and Development continued**

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| **Record the characteristics of effective learning the child/young person displays currently in the context of the relationships and the environment around them:** |
| **Playing and exploring** | **Active learning** | **Creating and thinking critically** |
| **THRILL** | **WILL** | **SKILL** |
| shows curiosity | Choose an item. | shows satisfaction | Choose an item. | has ideas | Choose an item. |
| initiates activity | Choose an item. | motivated | Choose an item. | finds solutions | Choose an item. |
| acts out | Choose an item. | persistent | Choose an item. | plans | Choose an item. |
| pretends | Choose an item. | focused | Choose an item. | new thoughts | Choose an item. |
| engages | Choose an item. | proud of efforts | Choose an item. | predicts | Choose an item. |
| represents | Choose an item. | attentive | Choose an item. | creates | Choose an item. |
| risk takes | Choose an item. | involved | Choose an item. | evaluates | Choose an item. |
| likes challenges | Choose an item. | concentrates | Choose an item. | tests out | Choose an item. |
| seeks out | Choose an item. | energetic | Choose an item. | chooses | Choose an item. |
| uses senses | Choose an item. | fascinated | Choose an item. | problem solves | Choose an item. |
| role plays | Choose an item. | perseverance | Choose an item. | checks | Choose an item. |
| can do | Choose an item. | enjoys the challenge | Choose an item. | makes links | Choose an item. |
| explores | Choose an item. | trying | Choose an item. | sees patterns | Choose an item. |
|  |  |  | process | Choose an item. | adapts | Choose an item. |
|  |  |  |  |  |  | reviews | Choose an item. |
|  |  |  |  |  |  | speculates | Choose an item. |
|  |  |  |  |  |  | investigates | Choose an item. |
|  |  |  |  |  |  | explores | Choose an item. |
| **Characteristics of effective learning: Playing and exploring; active learning; creating and thinking critically comments:** |
|  |

**Section 8: Learning and Development continued**

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| Further information for those prime and specific areas of learning that are not on track…. |
| What assessment tool are you using for more in-depth analysis of need? |
|  |
| What has the tool told you about the child? |
|  |
| How are you amending the curriculum to fit the needs of the child through... environment, role of the adult  ….other.. |
|  |
| Who else might advise on this area of difficulty?  |
|  |

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| Further information about strengths of the child and how you are promoting these: |
|  |

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| **Section 9:** **Barriers to Learnings informed by Emotional/Social Assessment Tools & PEP Toolkit** |
| Designated Teachers are trained in the use of the Hampshire Early Years PEP Toolkit  |
| **PEP Toolkit - areas identified for support:** | **Possible interventions and actions required** |
| Adult relationships  |  |
| Peer relationships  |  |
| Self regulation  |  |
| Executive functioning  |  |
| Motivation & locus of control  |  |
| Sense of self  |  |
| Language development  |  |
| **Other Emotional Assessment Tools Used:** |
| Name of tool used Eg Boxall Profile, SDQ, Thrive scores in this section |
| **Tool:** | **Score/Result** | **Possible interventions and actions required** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Strengths and Difficulties Questionnaire (SDQ)**  |
| Latest SDQ Score: | Latest SDQ Date: |
| Next SDQ Review Date: |  |
| If the SDQ score is higher than 12 Emotional Literacy support is required key adults should record below context to support required actions and interventions for the young person. **N.B** If the score is higher than 17 specific actions around social, emotional and mental health must be identified. |
| **Other possible areas of support** | **Possible interventions and actions required** |
| Sense of belonging related to permanence, stability, family members, siblings  |  |
| Cultural  |  |
| Physical and Sensory |  |
| Other  |  |

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| **Are further assessments required?** Have these areas been considered?Who might help? Is training required to upskill school staff? Add to targets if required. |
| Dyslexia screening |  | FASD or ARND |  | Virtual School Advice |  |
| DCD or dyspraxia |  | ASD |  | Services for Young Children Advice |  |
| Dyscalculia  |  | ADHD |  | Social Care Advice |  |
| Trauma implications / reactions |  | Attachment difficulties |  | School nurse/ medical advice required |  |
| Sensory Assessment |  | Language processing |  | EP Advice |  |
| Executive function |  | Other |  | Other |  |

Notes:

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| **Adoption Support Needs** |
|  | Yes / No | Notes |
| Have parents sought support for any adoption related issues? |  |  |

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| **Section 10:** **Developing your** **Education Action Plan** |
| Referring to the EHCP Target areas evaluate where the most and least progress is being made. Copy and paste key statements / targets that need consideration from the EHCP, or latest Annual Review. Which of these will become your focussed targets for this academic year? See next section for detail of the chosen targets? |
| Areas in which the child is making good, steady progress (even if still behind peers) |
| Curriculum /Target area  | Notes |
|  |  |
|  |  |
|  |  |
|  |  |
| Areas with which the child is struggling |
| Curriculum / Target area | Notes |
|  |  |
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| Areas that need additional support that are NOT included in the EHCP |
| Area of need | Notes; include information on what can be put in place to support |
|  |  |
|  |  |

Please note: Funding is given to setting/school to cover the support identified within the EHCP. Post LAC Pupil Premium Plus funding, or Early Years Pupil Premium, can be used to enhance this provision, or to support other areas that may not be included in the EHCP eg for emerging or temporary difficulties. The Pupil Premium spend should be recorded in Section 12.

**Section 10 continued: My Education Action Plan.**

Set targets for this term, and then review over remaining terms to the end of the academic year.

(Complete Section 11 for review of targets in spring and summer)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **My Targets** Should cover:* Curriculum
* Personal/Social/Emotional needs
* Learning Behaviours
* Physical and sensory needs
* Communication and language
 | **What will I do?** | **Who will help me, how and when?** | **How will we know when I have achieved my target?**These should include aspirational quantitative measures as well as qualitative statements | **How will additional funding be used to support this?**There is accountability for PP spend at school & LA levels please provide detail |
|  |  |  |  |  |
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**Please note: For transition planning between education settings please use Hampshire and Isle of Wight Education Psychology Services (HIEPS) Transition Partnership Arrangement (TPA) form accessed via the HIEPS website** <https://www.hants.gov.uk/educationandlearning/educationalpsychology/Transition>

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| **Section 11: Review of Previous Targets****Complete in the Spring Term** |
| **Where I was in the Autumn:** | **Where I am now:** |
| **1.**  | **1.**  |
| **2.**  | **2.**  |
| **3.**  | **3.**  |
| **Section 11: Review of Previous Targets****Complete in the Summer Term** |
| **Where I was in the Spring:** | **Where I am now:** |
| **1.**  | **1.**  |
| **2.**  | **2.**  |
| **3.**  | **3.**  |
| **Section 12: My Setting/School’s summary of how funding has been used to support my education. This funding comes to my school direct. The funds are to be used to support my progress and engagement in my learning. Please ensure this is completed.** |
| **Amount of Post LAC pupil premium (PP) available (per financial year) Year R****Early Years Pupil Premium for PVI settings (53p per hour)** | £2345.00 £302.10 (max across the year) |
| **Learning barriers Identified** | **Intervention identified** | **PP** | **What changes are you expecting to see** |
|  |  | **£** |  |
|  |  | **£** |  |
|  |  | **£** |  |
|  |  | **£** |  |
|  |  | **£** |  |
|  |  | **£** |  |

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| **Section 13 Sharing of this document****With parental agreement** this document may be shared with the following people/organisations who are involved with this child/ young person. **As the parent(s) of**   **I/we give our consent for our email to be added to this document and for the document to be circulated amongst the named recipients below in order that they can further support our child signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date:**  |
| ***Permission to share all of document or only sections listed in row*** | **Name** | **Designation** | **Email address** | **Phone contact** |
| **All** Choose an item.**Sections:** Click here to enter text. |  |  |  |  |
| **All** Choose an item.**Sections:** Click here to enter text. |  |  |  |  |
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**When completed please return to/keep at setting / school. DO NOT send to the Virtual School unless pre agreed with your Post LAC Officer.**

If required further support and guidance on education from Hampshire and IOW Virtual School and College can be accessed from:

[Previously looked-after children (PLAC) | Hampshire County Council (hants.gov.uk)](https://www.hants.gov.uk/educationandlearning/virtual-school/previously-looked-after) and / or [Virtual School - Service Details (iow.gov.uk)](https://www.iow.gov.uk/Residents/Schools-and-Learning/Virtual-School/Introductio13)