**Confidential**

Key Stage 1 & 2

Education Plan for Children with an EHCP

**In conjunction with Guardian’s agreement**

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| **INSERT SCHOOL LOGO** |

**Contents**

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**Section 10** Education Action Plan

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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**

SGO/CAO/RO Education Plan

**For pupils with an EHCP (KS1/KS2)**

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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 SGO/CAO/RO:**  | **My date of placement with Guardian:** |
| **My “other” education setting(s) *if relevant*:**  | **Date I started my “other” education setting(s):**  |

|  |  |
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| **Meeting Date:**  |  |
| **Name of Education Setting:** |  |
| **Date of enrolment:** |  |
| **Name of Social Care Support Service:**  |  |
| **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 |  |  |  |
| Guardian(s) |  |  |  |
| Class Teacher |  |  |  |
| Designated Teacher  |  |  |  |
| 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 guardian 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**  |
| Social Worker |  |  |  |
| Education(Educational Psychologist; Specialist Teachers) |  |  |  |
| Health (including CAMHS) |  |  |  |
| Community Paediatrician |  |  |  |
| Speech and Language Therapy |  |  |  |
| Physiotherapist/ Occupational Therapist  |  |  |  |
| Parent Family Support Service |  |  |  |
| Primary Behaviour Service |  |  |  |
| SEN Caseworker | Include SEN team email address |  |  |
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**Section 5: Child view**

Choose the version that suits your child best A, B or C, or own choice if preferred.

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| **Section 5A****My Voice Write all about me. These are key points that I would like to share, to inform the meeting and my action plan. They can be typed in for me and any drawings or photos added as an attachment. NB depending on my age, not all the questions may be relevant to me** |
| **Discussion:****Things I like to do…** **1** |  |
| **2** |  |
| **3** |  |
| **My friends are:** |  |
| **Rhymes, Stories and Games I enjoy….** |  |
| **1. At home I enjoy…** |  |
| **2. What clubs or activities do you do?** |  |
| **3. Are there any clubs or activities you would like to do?** |  |
| **4. What would you like to be when you are older?**  |  |
| **1.     I feel happy when?** |  |
| **2.     Things that makes me angry or sad are?** |  |
| **3.     The adults I like to talk to about things are …** |  |
| **4. I would like help with….**  |  |

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| **Section 5B: My Voice** Write all about me.These are key points that I would like to share to inform the meeting and my action plan. They can be typed in for me after our discussion. Any drawings or photos can be added as an attachment. |
| **Discussion:****1.     My Skills, Strengths, Qualities are…** |  |
| **2.     What is going well in school…** |  |
| **3.     I would like help with…**  |  |
| **4.     I learn best by:**  |  |
| **5.     What (if anything) do I need to get on track, maintain or exceed my target grades…** |  |
| **MY HOMEWORK** **1.     Do you get homework regularly?** |  |
| **2.     I find my homework:**  |  |
| **3.     Do you have a quiet space to complete your homework:**  |  |
| **4.     Who can support you with homework:**  |  |
| **5.     I have a computer/lap-top-tablet I can use:** |  |
| **My friends are:** |  |
| **1.     In my own time I enjoy…** |  |
| **2.     What clubs or activities do you do?** |  |
| **3.     Are there any clubs and activities you would like to do?** |  |
| **1.     I feel happy when?** |  |
| **2.     Things that make me angry or sad are?** |  |
| **3.     The adults I like to talk to about things are…** |  |

**Section 5C**



Who helps me at home and at school?

Things that I enjoy doing at home

Things that I enjoy doing at 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?

Things that I find hard



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| **Section 6: Guardian 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 the young person done well in, both in and out of school?
* Do you think the young person feels well supported by the school?
* What else do you think your young person needs?
* Has the young person talked about their plans for the future i.e. educational goals or aspirations? If yes, what are they?

**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** |
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| Things that have changed in my life since my last SGO/ CAO/RO Education Plan 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 SGO/CAO/ RO Education Plan or PEP |
| Have there been (or is there likely to be) any changes in:My School: Where I live: Social Worker/Key Adult:  |  |

Notes:

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| **Section 8: Academic Overview**To be completed by my Designated Teacher |
| Subjects | Achievement/ Level (as appropriate) | Expected Progress Y/N | SpringLevel | Expected Progress Y/N | Summer Level | Expected Progress Y/N | Notes:  |
| Maths |  |  |  |  |  |  |  |
| Literacy |  |  |  |  |  |  |  |
| Reading |  |  |  |  |  |  |  |
| Spelling |  |  |  |  |  |  |  |
| Speaking and Listening |  |  |  |  |  |  |  |
| Science |  |  |  |  |  |  |  |
| PE |  |  |  |  |  |  |  |
| Art |  |  |  |  |  |  |  |
| Music |  |  |  |  |  |  |  |
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| **Standardised Scores:** |
|  | Autumn | Spring Review | Summer Review | Notes: |
|  | Chronological Age | Score | C.A. | Score | C.A. | Score |  |
| Reading |  |  |  |  |  |  |  |
| Spelling |  |  |  |  |  |  |  |
| Comprehension |  |  |  |  |  |  |  |
| Maths |  |  |  |  |  |  |  |

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| **Section 9: Barriers to Learnings informed by Emotional/Scoial Assessment Tools & PEP Toolkit** |
| Designated Teachers are trained in the use of the Hampshire 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 |  | EP Advice |  |
| Dyscalculia  |  | ADHD |  | Social Care Advice |  |
| Trauma implications / reactions |  | Attachment difficulties |  | School nurse/ medical advice required |  |
| Sensory Assessment |  | Language processing |  | Other |  |
| Executive function |  | Other |  |  |  |

Notes:

|  |  |  |
| --- | --- | --- |
| **Specific strengths and talents** | **How is this supported and encouraged?** | **Notes** |
|  |  |  |
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**Section 10: My Education Action Plan.**

Targets can be taken from the EHCP, or can focus on something that has been identified as an additional area of need in this plan.

Review in Spring and Summer Terms in Section 11

|  |  |  |  |  |
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| **My Targets** Should cover:* Curriculum
* Personal/Social/Emotional needs
* Learning Behaviours
* Physical and sensory needs
* Communication and language
* Wider community & engagement
 | **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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| **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.**  |

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| **Section 12:** My School’s summary of how Post LAC PP 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. This is separate funding to that which the school receives from SEN Service. Guardians should be part of the discussion around how this is used. **Please ensure that this section is completed**. |
|  |
| **Amount of Post LAC pupil premium (PP) available (per financial year)** | £2345 |
| **Learning barriers Identified** | **Intervention identified** | **PP** | **What changes are you expecting to see** |
|  |  | **£** |  |
|  |  | **£** |  |
|  |  | **£** |  |
|  |  | **£** |  |
|  |  | **£** |  |
|  |  | **£** |  |

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| **Section 13 Sharing of this document****With the Guardian’s agreement** this document may be shared with the following people/organisations who are involved with this child/ young person. **As the Guardian(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. |  |  |  |  |
| **All** Choose an item.**Sections:** Click here to enter text. |  |  |  |  |
| **All** Choose an item.**Sections:** Click here to enter text. |  |  |  |  |
| **All** Choose an item.**Sections:** Click here to enter text. |  |  |  |  |

**When completed please return to/keep at school Do not send to the Virtual School unless by prior arrangement with the 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)