**Education Plan for PCiC**

To be completed in conjunction with the school, parents and other professionals, where appropriate. Please alter and adapt as you see fit to the individual child and your setting.

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| Child’s Name |  |
| D.O.B |  | Year Group |  |
| Name of Education Provision |  | Date of School Admission |  |
| Date of Meeting |  |
| Parents’ Names |  |
| Parents’ Contact Email |  |

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| **Invited to meeting:** |
| Name | Role | Attended? |
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|  |  |  |
| Parents agree to share data with those in attendance  | Yes / No |

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| **Please list other professionals involved:** |
| Name | Role |
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| Current Level of Attendance |  |
| Identified on the SEN Code of Practice | No [ ]  | SEN Support [ ]  | EHCP [ ]  |
| Name of Education Provision |  |

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| **Information on child’s experiences pre court order** *(e.g. brief description of periods in care, what trauma and loss has the young person endured)* |
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| **Indicate where more detailed information can be found, if required** *(e.g. documents held by professionals or in school files)* |
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| **Views of the child** *(please ensure that the views of the child are sought before the meeting takes place)* |
| My areas of strength are: |  |
| My interests are: |  |
| I would like to get better at: |  |
| I find it hard when: |  |
| I would like some help with |  |

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| **The meeting should discuss the following:** |
| What is going well in school: |  | Evidence: |  |
| What is not going so well: |  |
| Current levels of attainment:*(please list all subject areas)* |  |

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| **What interventions are currently in place for the child?** |
| Intervention | Level of Success | Pupil premium plus allocated? |
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| **Summary of action points from the meeting** |
| Desired outcome for pupil | Action needed | Deadline | Person responsible |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

|  |  |
| --- | --- |
| Education Plan completed by |  |
| Date, time and venue of review |  |
| Arrangements for ensuring confidentiality of the Education Plan |  |