**Confidential**

Early Years & Year R

Education Plan

**In conjunction with the Guardian’s agreement**

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| **INSERT CHILD CARE/NURSERY/PRE-SCHOOL/SCHOOL LOGO** |

**Contents**

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**Section 2** Meeting attendees

**Section 3** Historic information

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**Section 7** Note of any changes since the last Education 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.

SGO CAO RO Education Plan

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| **Meeting Date** |  |
| **Name of Education Setting** |  |
| **Setting URN or school DfE No** |  |
| **Date of enrolment** |  |

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| **Section 1: Child and setting/school information** | | |
| **My Surname is:** | **My First name is:** | |
| **I am also known as:** | **I am in Year:** | **If at pre-school my age is:** |
| **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 Special Guardianship Order:** | **My date of placement with Guardian(s)** | |
| **My “other” education/pre -school setting(s) *if relevant*:**  Click here to enter text. | **Date I started my “other” education/pre-school setting(s):**  Click here to enter a date. | |
| **Receiving SEN support? Yes/ No** | **EHCP application in process? Yes/ No** | |

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| **Section 2 People present at this meeting** | | | |
| **Person** | **Name / email / contact details – remember GDPR** | **Telephone No.** | **Present** |
| Me |  |  |  |
| Guardian(s) |  |  |  |
| Settings Manager |  |  |  |
| Designated Key Worker/Key Person |  |  |  |
| Designated Teacher |  |  |  |
| Class Teacher |  |  |  |
| Social Worker |  |  |  |
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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 the Guardians or in school file that is available to specific members of staff. |

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| **Section 4: Professional Involvement to date** | | | |
| Guardian to add in information re previous and current professional involvement. | | | |
| **Professional** | **Name & email – remember GDPR** | **Date involved from** | **Involved**  Yes / No |
| Post Adoption Support Team |  |  |  |
| Education  (Educational Psychologist; Specialist Teachers etc) |  |  |  |
| Health (including CAMHS) |  |  |  |
| Community Paediatrician |  |  |  |
| Speech and Language Therapy |  |  |  |
| Physiotherapist/ Occupational Therapist |  |  |  |
| Parent Family Support Service |  |  |  |
| Primary Behaviour Service/ Portage |  |  |  |
| Other |  |  |  |
| Other |  |  |  |

**Section 5 Child View**

Picture or photo of me:

My friends are:

All about me!

My name is…………………………………………



Things that I enjoy doing at my setting

Things that I enjoy doing at home

Who helps me at home and at my setting?

Things that I find hard

What would I like to do better at?



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

|  |
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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 my setting/school? * Do you think the young person feels well supported by my setting/school? * Do they manage their home learning well? * What else do you think your child 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** | |
| Things that have changed in my life since my last Education Plan or PEP | |
| Change/event | Explanation/ Details |
| Has there been (or is there likely to be) any changes in:  My Setting/School:  Where I live:  Social Worker/Key Adult:  Other |  |

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| **Section 8: Academic Over View** | |
| Assessment Point - Year Group: | **Pre-school settings child’s age:**  **School Reception Year** |
| Assessment Point – Term: |  |

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| **Early Learning Goal:** | | |
| **PRIME:** | **Assessment**  On track / Not on track | **Making Progress**  Yes/ No |
| Communication & Language: |  |  |
| Personal, Social and Emotional Development: |  |  |
| Physical Development: |  |  |
| **SPECIFIC:**  **Optional section for under 3’s** |  |  |
| Literacy: |  |  |
| Mathematics: |  |  |
| Understanding the World: |  |  |
| Expressive Arts & Design: |  |  |

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| Further information for those areas 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.. |
|  |

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

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| **Area of Learning** | **Aspect** | **Age/Stage** | *Autumn & Spring Term:* Expected or Emerging | |
| End of Reception: Emerging, Expected, Exceeding | |
| **Communication & Language** | Listening, Attention and Understanding |  |  |  |
| Speaking |  |  |  |
| **Personal, Social and Emotional Development** | Self-Regulation |  |  |  |
| Managing Self |  |  |  |
| Building Relationships |  |  |  |
| **Physical Development** | Gross Motor Skills |  |  |  |
| Fine Motor Skills |  |  |  |
| **Literacy** | Comprehension |  |  |  |
| Word Reading |  |  |  |
| Writing |  |  |  |
| **Mathematics** | Numbers |  |  |  |
| Numerical Patterns |  |  |  |
| **Understanding the World** | Past and Present |  |  |  |
| People, Culture and Communities |  |  |  |
| The Natural World |  |  |  |
| **Expressive Arts and Design** | Creating with Materials |  |  |  |
| Being imaginative and Expressive |  |  |  |

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| **Are they making the expected progress?** | **YES** | **NO** |
| **Are they on track for getting the GLD (Good Level of Development)** | **YES** | **NO** |

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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 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** | |
|  |  | | |  | |
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| **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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| SEN | | |
|  | Yes / No | Notes |
| Is there an active plan for supporting SEN needs? |  |  |
| Does this child have an IEP or IBP? |  |  |
| Does this child require SEN Support? |  |  |
| Do you need to initiate an application for an EHCP? |  |  |
| Have the guardians sought support for any attachment, trauma or care experience related needs? |  |  |

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| **Specific strengths and talents** | **How is this supported and encouraged?** | Notes |
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**Section 10: 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)

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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.** | |
| **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)** | | £2410.00  £342.00 (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 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 setting / school. DO NOT send to the Virtual School unless pre agreed with your Post LAC Officer.**