# Confidential

Key Stage 3 & 4

Education Plan

**In conjunction with the Guardian’s 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.

SGO/ RO/ CAO Education Plan for Children & Young People

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| **Meeting Date:**  |  |
| **Name of Education Setting:** |  |
| **Date of enrolment** |  |

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| **Section 1: Pupil and school information** |
| **My Surname is:**  | **My First name is:**  |
| **I am also known as:**  | **I am in Year:**  |
| **If this child is EAL their first language is:**  | **UPN number:**   |
| **Dates of my subsequent meetings this academic year *(3 approx per year)*** |
| **Date of SGO/RO/CAO order:**  | **My date of placement with Guardian(s):** |
| **My “other” education setting(s) *if relevant*:**  | **Date I started my “other” education setting(s):**  |
| **Receiving SEN support? Yes/ No** | **EHCP application in process? Yes/ No** |
| **Section 2: Meeting attendees** |
| **Person** | **Name / email / contact details – remember GDPR** | **Present** |
| **Me** |  |  |
| **Guardian** |  |  |
| **Designated Teacher** |  |  |
| **Form Tutor/ Head of Year** |  |  |
| **Key Adult** |  |  |
| **Social Worker** |  |  |
| **Other**  |  |  |
| **Other** |  |  |

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| **Section 3 Historic information**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. |

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| **Section 4: Professional Involvement to date** |
| Parents to add in information re previous and current professional involvement. |
| **Professional** | **Name & email – remember GDPR** | **Date involved from** | **Involved** Yes / No |
| Social Care support |  |  |  |
| 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 |  |  |  |
| Other |  |  |  |
| Other |  |  |  |

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| **Section 5:** Young person’s view |
| **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 with, 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 at home to complete your homework?
4. Do you complete your homework at school?
5. Who can support you with homework?
6. Do you have the equipment that you need to complete homework eg laptop/tablet?
 |  |
| **My friends are…..** |  |
| **Leisure time**1. In my own time I enjoy…….
2. What clubs or activities do you do?
3. Are there any that you would like to do?
 |  |
| **My emotions**1. I feel happy when….
2. Things that make me angry or sad……
3. These are the adults that I like to talk to about things
4. I would help me to manage my emotions if……
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| **My future**1. I might be interested in these jobs or careers…..
2. I am exploring future jobs and careers by……
 |  |
| Anything else you want the adults to know about school please add in here |  |

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| **Section 6: Guardian’s Comments**Can be completed in advance of the meeting |
| **What will help my young person 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?
* Do they manage their home learning well?
* 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) |
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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 School: Where I live: Social Worker/Key Adult: Other |  |

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| **Section 8 Academic Progress**Complete for pupils in key stage 3 & 4 |
| **Standardised Scores** |
|  | Autumn | Spring Review | Summer Review |
|  | Chronological Age | Score | C.A. | Score | C.A. | Score |
| Reading |  |  |  |  |  |  |
| Spelling |  |  |  |  |  |  |
| Comprehension |  |  |  |  |  |  |
| Maths |  |  |  |  |  |  |

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| **Section 8: My academic progress** **Complete for pupils in KS3** |
|  | **English Literature** | **English Language** | **Maths** |
| **Progress** |  |  |  |
| **Expected** |  |  |  |
| Am I am on track for end of Key Stage 3? If not, make plans to improve my outcomes in the target section |
| **Other curriculum areas** |
| Subject | Comments  |
|  |  |
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| **Section8: My Academic Progress****Complete for pupils in Key Stage 4:** |
| Qualification Type | Subject  | Current Grade/ number/ Level | Predicted Grade/ Number / Level |
| GCSE | English |  |  |
| GCSE | English Literature |  |  |
| GCSE | Maths |  |  |
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| **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  |  |

**Section 9: Barriers to engagement with learning & identified strengths**

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| **Section 9 continued****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 |  | Other |  | Other |  |

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

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| **Specific strengths and talents** | **How is this supported and encouraged?** | **Notes** |
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| **Section 10: Education Planning for my Future****Please complete for KS3 pupils** |
| My subject options are: | Qualification Type |
| 1 | Maths |  |
| 2 | English |  |
| 3 | Science |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |
| 11 |  |  |
| 12 |  |  |
| Other qualifications: i.e Duke of Edinburgh, music exams, dance exams, language ladder exams, sports leadership awards etc | Level/Type: |
| 13 |  |  |
| 14 |  |  |
| 15 |  |  |

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| **KS3 pupils**  |
| Please record any thoughts that you have regarding Post 16 education or career aspirations. |
| Who might help you? | Careers Advice/ Interview |

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| **Section 10: Education Planning Looking ahead to my future****Please complete for KS4 pupils:**  |
| **How I am being, or will be supported, in arranging my Post 16 education** |
|  |
| **Year 10: Post 16 destination planning:**  |
| **What support will I receive in Year 10 and Year 11 from a Careers Advisor?**  |
| **What support will I need in choosing and reaching my post 16 choice from…****School:****Guardian(s)** |
| **Year 11: Post 16 (N.B Only complete this section when the young person is in Year 11)** |
| **What further support do I need from a Careers Advisor:**  |
| **What colleges, work, or apprenticeships have I applied for to date?** | **What work experience do I have to date?** |
| **Further support I need to choose and/or reaching my post 16 choice is:** |
| **Would I like the designated teacher from the college to be invited to my final Education Planning meeting in the summer term?** | **Who will help me to complete my personal statement for a college application?** |
| **To help me prepare for, and sit my Yr 11 exams I would like the following support from?****School:****Guardian(s) :** |
| **What (if any) exam concessions are in place? *Such as where the young person will sit their exams, scribes etc***Click here to enter text. |
|  |

**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)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 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 section is completed.** |
| **Amount of Post LAC pupil premium (PP) available (per financial year)** | £2410 |
| **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** **Sections:**  |  |  |  |  |
| **All** **Sections:**  |  |  |  |  |
| **All** **Sections:**  |  |  |  |  |
| **All** **Sections** |  |  |  |  |
| **All** **Sections:**  |  |  |  |  |

 **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 Royal Greenwich Virtual School