



**Confidential** (completed jointly by parent/s and school)

## Education Plan for Adopted Child

<b>Name of School/Educational Provision</b>	
<b>Date</b>	
<b>Meeting for</b>	
<b>Date of Birth</b>	
<b>Date placed with adoptive family</b>	
<b>Age at placement</b>	
<b>Year group</b>	
<b>Parents</b>	
<b>Date of admission</b>	
<b>Additional need?</b> <input type="checkbox"/> <i>Please mark <input checked="" type="checkbox"/> if yes</i> SEN <input type="checkbox"/> School Support <input type="checkbox"/> SEN Support Plan <input type="checkbox"/> EHCP <input type="checkbox"/> Primary need CI <input type="checkbox"/> CL <input type="checkbox"/> SEMH <input type="checkbox"/> SPN <input type="checkbox"/> SDQ score ....	<b>Brief information:</b>
<b>Attending this meeting</b>	
<b>Name</b>	<b>Role</b>

<b>Professional Involvement</b>			
Service	Role and name	Date started	Still involved?
Post adoption team			
Education (e.g. Ed Psych)			
Social Care			
Health (e.g. Specialist CAMHS)			
Speech & Language Therapy Service			
Physiotherapist/ OT			
Parent/Family Support Service			
Other			

**Significant information on pre-adoptive and early adoptive experiences** (e.g. brief description of significant birth family history, periods in care, attachment experiences).

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<b>Area of Pupil Strength</b>	<b>Evidence of Strength</b>
<b>Area of Pupil Need</b>	<b>Evidence of Need</b>
<b>Any other relevant information?</b>	

Action needed	By when	Person Responsible
1.		
2.		
3.		

**Young Person's views**

What are the young person's views on their education, strengths, needs, etc?

What further information is needed, who will gather this information? How? When?

Parents have agreed that copies of this plan will go to:

Arrangements for ensuring confidentiality of this plan:

Completed by	(parent/s)
	(school)
Review date	
To be attended by:	