



Confidential (completed jointly by guardian/s and school)

Education Plan for Child who has left Care

Special Guardianship Order (SGO) or Child Arrangements Order (CAO)

Name of School/Educational Provision	
Date	
Meeting for	
Date of Birth	
Date placed with guardian	
Age at placement	
Year group	
Guardian/s	
Date of admission	
Additional need? <input type="checkbox"/> Please mark <input checked="" type="checkbox"/> if yes 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 =	Brief information:
Attending this meeting	
Name	Role

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

Significant information early experiences (e.g. brief description of significant birth family history, periods in care, attachment experiences).

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Area of Pupil Strength	Evidence of Strength

Area of Pupil Need	Evidence of Need

Any other relevant information?

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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?

Guardian/s have agreed that copies of this plan will go to:

Arrangements for ensuring confidentiality of this plan:

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