



**Confidential**

## Education Plan for Adopted Children

(To be completed jointly by parents and school)

Date of Meeting:

For:

Name of Educational  
Provision:

Date of Birth:

Year Group:

Date placed with  
Adoptive Family:

Age at Placement:

Parents:

Date of Admission:

Common Assessment Framework (CAF). The CAF is a shared assessment tool for use across all children's services, which aims to help early identification of need and promote co-ordinated ways of meeting those needs.

Yes

No

Current Code of Practice Level: -

Provision for All

SEN Support

HNF

EHCP

With thanks and acknowledgement to Somerset County Council for permission to use by Virtual School Kent/Kent Adoption Service.

Those attending this meeting:

Name

Role

<b>Professional Involvement</b>			
	Role (and name)	Date involved from	Still involved Please ✓
Post Adoption Support Team			
Education (inc. Educational Psychologist, Learning Support Service)			
Social Care			
Health (including Specialist CAHMS)			
Consultation Service for Adoptive Families			
Speech and Language Therapy Service			
Physiotherapist/ Occupational Therapist			
Parent Family Support Service			
Other			

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

Indicate where any further or more detailed information can be found. (e.g. document held by parents or in school file that is available to specific members of staff)

Areas of Pupil Strength	Evidence of Strength
Areas of Pupil Need	Evidence of Need
Any other relevant information?	

**ACTIONS:**

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 and when?

Parents have agreed that copies of the EPAC will go to:

Arrangements for ensuring confidentiality of the EPAC:

Completed by \_\_\_\_\_ (School)

\_\_\_\_\_ (Parent)

Date/place of Review \_\_\_\_\_

To be attended by \_\_\_\_\_