

**Confidential**

**EPPLAC Review**

**(Education Plan for Previously Looked After Children)**

To be completed jointly by parents and educational setting. To be used in conjunction with the Young Person’s completed ‘***What I would like you to know about me’*** questions and the ***Key Education Indicator*** form.

**Date of Meeting**: **Date of last EPPLAC**:

**Name of Provision**: **Date of Admission**:

**Name** : **Date of Birth**:

**Year Group**:

**Special Educational Needs**:

SEN Support Provision Plans Behaviour Support Plan SENIF/HNF EHCP

Additional support plans referenced within the meeting **YES/NO**

Additional support plans attached with this EPPLAC meeting record **YES/NO**

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| --- |
| **Significant Changes/Events that have happened since last meeting:** |

**Professional Involvement and Attendance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Role/Relationship/**  **Organisation** | **Date involved from** | **Still Involved Please tick** | **Attended Please tick** | **Invited to next Review** |
|  | Designated Teacher |  |  |  |  |
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Please include all professionals involved in supporting the young person and their family.

**Other Attendees**

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| --- | --- |
| **Name:** | **Role/Relationship:** |
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| **Please indicate where any further or more detailed information can be found to support this review. (e.g. document held by Parents/Carers/Guardians or in school file that is available to specific members of staff).** |

**Review of Actions from my last meeting:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action** | **Person Responsible** | **Outcomes** | **Future Action Required Y/N** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |

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| **Young Person’s Views**  *What are the young person’s views on their education, strengths, needs, etc? Please refer to the ‘What I would like you to know about me’ form and associated guidance. Available here* [*http://www.virtualschool.lea.kent.sch.uk/plac/*](http://www.virtualschool.lea.kent.sch.uk/plac/) |

|  |  |
| --- | --- |
| **Parents’ summary.**  *Include information on issues at home, transitions to school and general observations regarding wellbeing, education, and any other relevant information. (Please refer to the Young Person’s ‘What I would like you to know about me’ and Key Education Indicator Form for further discussion.)* | |
| **School’s Summary** *(including discussion on Key Education Indicator Form and the Young Person’s ‘What I would like you to know about me’ form.)* | |
| **Young Peron’s Areas of Strength**  **(include evidence)** *(Please refer to the Young Person’s ‘What I would like you to know about me’ for further discussion.)* | |
| **Young Person’s Areas of Need**  **(include evidence)** | **Provision to support Young Person with this.** |
|  |  |
| **Any other relevant information that is important to discuss today?** | |
| **Information shared at the meeting:**  *(For example – future assessments, shared strategies to support the Young Person at home and school, consistent messages/vocabulary/ strategies for home and school etc.* | |

**Actions to help Young Person:**

|  |  |  |
| --- | --- | --- |
| **Action Needed** | **By When** | **Person Responsible** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| **Would a Boxall Profile help the school in planning support:** Yes/No  **Initial Assessment** **to be carried out by:** DD/MM/YYYY  **Review Assessment** **to be carried out by**: DD/MM/YYYY | | **VSK to advise on analysis and interventions:**  Yes/No  If yes, parents will need to sign the consent form to confirm that the school will be responsible for holding the assessment and future assessments. |
| **Parents/Carers/Guardians have agreed that copies of the EPPLAC record will go to and where it will be confidentially filed:** | | |
| **If the Young Person was not present at the meeting, who will feedback to them regarding outcomes and discussion:** | | |

**Completed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(School/EYP)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent/Carer/Guardian)

**Date/Place of Review:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_