

**Confidential**

**EPKC Review**

**(Education Plan - Kinship Care)**

To be completed jointly by carers 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 EPKC**:

**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 EPKC 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 Carers 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/) |

|  |  |
| --- | --- |
| **Carer’s 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 Pesron’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. |
| **Carers have agreed that copies of the EPKC 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)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Carer)

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