**Primary Education Plan for Previously looked after children (EPPLAC) and Children with a Social Worker ( CWSW)**

**Date:**

**Name:**

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| **My Voice** |
| What do you think you are good at in school (including any achievements)? |  |
| What things would you like to get better at in school? |  |
| What do you enjoy at school? |  |
| What it is like for you at school? |  |
| Is there anything more that can be done to help you with your education – both at home and school? |  |
| What is your long-term target / dream? |  |
| What are your interests and/or achievements outside school? |  |
| Is there anything else you would like to say? |  |
| Parent/carer views |  |
| My designated teacher (or other school worker) views |  |
| Other professionals' views |  |

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| **Progress Check** | **Progress** | **Attendance** | **Attendance %** | **Wellbeing** | **Behaviour** | **Exclusion Risk** | **No. of days excluded (fixed-period/permanent)** |
| **Autumn** | Choose an item. | Choose an item. |  | Choose an item. | Choose an item. | Choose an item. |  |
| **Spring** | Choose an item. | Choose an item. |  | Choose an item. | Choose an item. | Choose an item. |  |
| **Summer** | Choose an item. | Choose an item. |  | Choose an item. | Choose an item. | Choose an item. |  |

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| **My Learning and Attainment** |
| What year group is the child in? |  |
| If child is on a reduced timetable: please confirm why and the number of hours |  |
| **Area of learning** | **Current Attainment** | **End of year Target** |
| Reading |  |  |
| Writing |  |  |
| Maths |  |  |
| Science |  |  |
| Other subjects (as applicable) |  |  |

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| **Emotional Health and Wellbeing** |
| How are you assessing emotional health and wellbeing? |  |
| What does this assessment tell us? |  |
| How are emotional health and wellbeing being supported? |  |

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| **My Plan** |
| SMART Target | Action planned (including use of Pupil Premium (PP)/ PP+) | By whom? | Success Criteria | Evaluation |
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| **Transitions** |
| What transitions are due for the child? (please also include changing classes/teachers etc)  |  |
| What will be done to prepare the child for a smooth transition? | Action | By Whom? | When? |
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| **Signatures** |
| Child (name and sign) |  |
| Parent/carer (name and sign) |  |
| School (name and sign) |  |

