(To be completed jointly by parents, school and other professionals where appropriate)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of Meeting:** |  | | | | | |
| **Child’s Name:** |  | | | | | |
| **Date of Birth:** |  | | **Year Group:** | |  | |
| **Name of Educational Provision:** |  | | | | | |
| **Date placed with Adoptive Family:** |  | | **Age at Placement:** | |  | |
| **Parents’ Names:** |  | | | | | |
| **Date of Admission:** |  | | | | | |
| **Request for Additional Services:** | **Yes:** | | | **No:** | | |
| **Is the young person identified on the SEN Code of Practice?** | **No:** | **SEN Support (K):** | | | | **EHCP:** |
| **Parents have agreed that copies of this EPAC can be shared with:** | | | | | | |
|  | | | | | | |
| **Please list below other professionals involved:** | | | | | | |
|  | | | | | | |

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| --- | --- | --- |
| **Those attending this meeting are:** | | |
| **Name:** | **Role:** | **Contact Details:** |
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| **Young Person’s Views (please ensure that the young person gives their views):** | | |
| **My strengths are:** |  | |
| **My interests are:** |  | |
| **I would like to get better at:** |  | |
| **I find it hard when:** |  | |
| **I would like some help with:** |  | |
| **Significant information on pre-adoptive and early adoptive experiences (what loss and trauma has the young person suffered?)** | | |
|  | | |

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| --- |
| **Indicate where any further, or more detailed information, can be found (eg. document held by parents or in school rile is available to specific members of staff)** |
|  |
| **The meeting should discuss and agree on the following:** |
| **Young person’s areas of strength:** |
|  |
| **Young person’s areas of difficulty:** |
|  |
| **Target areas for supporting the young person: (including any additional funding)** |
|  |
| **Aims for Support (how will you know when things have improved?)** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Needed: (including discussion of any additional funding)** | | **By when?** | **By whom?** |
| 1. | |  |  |
| 2. | |  |  |
| 3. | |  |  |
| 4. | |  |  |
| **Date, Time and Venue of review:** |  | | |
| **Completed by:** |  | | |
| **Role:** |  | | |