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

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| --- | --- |
| **Date of Meeting:** |  |
| **Child’s Name:** |  |
| **Date of Birth:** |  | **Year Group:** |  |
| **Name of Educational Provision:** |  |
| **Date placed with Adoptive/ SGO 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/ things important to me 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 (e.g., documents held by parents or in school file and is available to specific members of staff)** |
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| **Young person’s areas of strength:** |
|  |
| **Young person’s areas of difficulty:** |
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| **Target areas for supporting the young person: (including any additional funding)** |
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| **Aims for Support (how will you know when things have improved?)** |
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| --- | --- | --- |
| **Action Needed: (including discussion of any additional funding)** | **By when?** | **By whom?** |
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| **Date, Time and Venue of review:** |  |
| **Completed by:** |  |
|  **Role:** |  |