

Cambridgeshire Education Support Plan for Children Previously in Care Cover Sheet

To be completed on entry and updated yearly or as needed.

Name of Child/Young Person:		Date of Birth:	
Date placed with family:		Age at placement:	
Ethnicity		Religion	
Gender		Sexuality	
Disabilities – including medical, health needs and/or diagnosis			
Category:	<input type="checkbox"/> SGO <input type="checkbox"/> Child Arrangement Order <input type="checkbox"/> Adoption		
Educational Establishment:			
Year group:		Tutor Group:	
Date of admission:		Previous school or setting:	
Name of the Designated Person for Children Previously in Care:			
Any other agencies involved with the young person:			
Name		Role	

SEND

No SEND
 SEND Support
 Needs Assessment
 EHCP

Background

Significant information on early experiences e.g. brief description of birth family history, periods in care, attachment experiences

Indicate where any further information or more detailed information can be found

Attainment

End of EYFS Data

End of KS1 Data (including Phonics Check score)

End of KS2 Data

End of KS3 Data

End of KS4 Data