# Care, Wellbeing and Learning, Education Gateshead

***Report of the Action Planning Meeting***

***Education Health and Care Plans (P16)***

*Please ensure that all sections are completed.*

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| --- | --- | --- | --- | --- |
| Date of this meeting |       |  | Date of last Annual Review |       |

**Pupil details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname |       |  | Forename |       |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of birth |       |  | Gender: | male | [ ]  | female | [ ]  |

|  |  |
| --- | --- |
| Home address |       |
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|  |
| Postcode |       |

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| --- | --- |
| School/College/Provider |       |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Is this protected information? | yes | [ ]  | no | [ ]  |  | NC Year Group including offset |       |

**Attendance at the Action Planning Meeting**

Please record all those involved/invited and/or who attend the meeting

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Role | Report requested | Report received | Attended |
|       |        | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  |
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**Discussions at meeting**

What has been working well at school/college/provider and at home?

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What has not been working well at school/college/provider and at home?

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**Parent/Carer Views**

Parent/carer views form attached?

Yes [ ]  No [ ]

If no, did parent/carer give their views at the Action Planning Meeting?

Yes [ ]  No [ ]

If yes, please give details.

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If no, please give details of attempts that have been made to gather their views.

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**Pupil Views**

Is pupil’s/student/trainee views form attached? (Please note this should relate to Preparing for Adulthood)

Yes [ ]  No [ ]

If no, did pupil’s/student/trainee give their views at the Action Planning Meeting?

Yes [ ]  No [ ]

If yes, please give details.

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If no, please give details of attempts that have been made to gather their views.

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**Outcomes**

Please complete an Action Plan for both long term (end of Key Stage) and short term (next 12 months) outcomes.

**Changes to the Single Plan**

**Please check through the draft Single Plan carefully.**

*Some boxes in the draft Single Plan may be blank. Please add any relevant information or if there is nothing to include in these sections, please write N/A in the box.*

*All changes should be clearly marked on a copy of the draft Single Plan. Electronic copies are acceptable but please ensure that any changes are clearly marked, for example using italics.*

Are any changes needed to the description of the young person and their needs? If yes, please annotate the copy of the draft Single Plan.

Yes [ ]  No [ ]

**Education**

Is the school/college/provider able to meet the young person’s outcomes with the resources in Section F of the Single Plan?

Yes [ ]  No [ ]

If no, please provide reasons and, if additional resources are being requested, a *‘Support for school/college/provider* *with additional needs’* form.

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Is the school/college/provider in agreement with being named on the finalised Single Plan?

Yes [ ]  No [ ]

If no, please give reasons.

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Is an alternative placement being suggested?

Yes [ ]  No [ ]

If yes, please give parental views and in all cases, indicate the parent/carer or young person’s preferred placement.

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**Health**

Does the young person have any health needs that are not being met?

Yes [ ]  No [ ]

If yes, please give details of diagnosis or indicate whether a referral is needed, to which service and who will be making the referral.

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If the child/young person has a health package (Section G) is this still appropriate?

Yes [ ]  No [ ]  Not applicable [ ]

If no, please give reasons, details of the changes requested and who will be making a referral.

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Does the pupil/student/trainee take medication in school/college/provider setting?

Yes [ ]  No [ ]

If yes, please review the medication arrangements

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Does the pupil/student/trainee have a Health Care Plan? If yes, please review and attach to this report.

Yes [ ]  No [ ]

**Social Care**

If the young person has social care package (Section H) is this still appropriate?

Yes [ ]  No [ ]  Not applicable [ ]

If no, please give reasons and details of changes requested.

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Does the young person have any social care needs that are not being met?

Yes [ ]  No [ ]

If yes, please give details, indicating whether a referral will be made and who will be making the referral.

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**For Looked After Children only**

Does the school/college/provider have a copy of the current Personal Education Plan?

Yes [ ]  No [ ]

If no, please comment

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**Further Information**

Is any further information/reports required to complete the needs assessment?

Yes [ ]  No [ ]

If yes, please give details of who the additional advice is required from and their contact details.

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Please use this space to record any discussions that took place at the meeting that have not been included in the boxes above.

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**Agreement**

Was this report agreed by all those present?

Yes [ ]  No [ ]

If no, please record the different views expressed and by whom

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Meeting led by (name/role):

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Signature:

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Date:

**Document Checklist**

Please complete the tick boxes

In all cases, please attach the following documents:

* An annotated copy of the Single Plan with changes Yes [ ]  No changes [ ]
* Action Plan Yes [ ]  No [ ]

For transfers from statement to Single Plan

* Educational advice Yes [ ]  No, already circulated [ ]
* Parent/carer’s views Yes [ ]  No, already circulated [ ]
* Pupil/student/trainee’s views Yes [ ]  No, already circulated [ ]
* A One Page Profile Yes [ ]  No, already circulated [ ]
* Information from other practitioners Yes [ ]  No, already circulated [ ]

If an increase in support is being requested from the local authority

* Provision map or ‘Support Proforma for AEN Pupils’ form Yes [ ]  Not required [ ]

If applicable:

* Health Care Plan Yes [ ]  Not required [ ]
* Personal Education Plan (for Looked After Children only) Yes [ ]  Not required [ ]
* Chair’s Report (for LAC or Children In Need cases) Yes [ ]  Not required [ ]

**Circulation**

* Parents/Carers
* SEND Team Manager by e-mail to senteam@gateshead.gov.uk
* Principal Education Psychologist, Dryden Centre, Evistones Road, Gateshead, NE9 5UR
* For LAC, Virtual School, REALAC, Dryden Centre, Evistones Road, Gateshead, NE9 5UR
* Any other teams/agencies invited to the meeting.