

Child's Plan (Education as Lead Professional)

Name of child		DOB		Age	
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Child's Plan prepared	Date:	
Child's Plan review	Dates:	
Child's Plan closed	Date:	
Reason:		

Named Person	Designation	Contact Details
Lead Professional	Designation	Contact Details

Chronology		
Current Chronology appended	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Integrated Chronology to be initiated	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Information sharing		
Have you discussed what is being shared, with whom you intend to share and for what purpose?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Note details of what, with whom and why.		
Where there is no other legal condition for sharing and consent is required, consent given by:	Child <input type="checkbox"/> Young person <input type="checkbox"/> Parent(s)/Carer(s) <input type="checkbox"/> Other <input type="checkbox"/> <i>If other, please specify</i>	

Requirements met by this Child's Plan (Social Work)		
Child Protection	<input type="checkbox"/>	
Pathway Plan	<input type="checkbox"/>	
Looked after at Home	<input type="checkbox"/>	
Looked after away from Home	<input type="checkbox"/>	
Adoption Support Plan	<input type="checkbox"/>	
Statutory Child's Plan CYP Act	<input type="checkbox"/>	
Child Plan (Section 22/23)	<input type="checkbox"/>	

Please note if any other plans attached as appendices		
Co-ordinated Support Plan	<input type="checkbox"/>	
Health Care Plan	<input type="checkbox"/>	
SDS (Self-directed support)	<input type="checkbox"/>	
Housing Support Plan	<input type="checkbox"/>	
Young Carers Statement	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Demographics

Non-disclosure status			
Is it necessary to withhold the following details from the report?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Non-disclosure reason			
Details			
Child's full name			
Home address (including post code)			
Telephone number			
Address status		Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>
Current address (if different from above)			
Phone number			
Date of birth			
Stage/year group			
School/nursery attended		Contact person	
Address		Name	
Phone number		Designation	
CHI ref		Core <input type="checkbox"/>	Additional <input type="checkbox"/>
GP		Contact details	
SEEMiS ref		SQA ref	
SWiS ref			
Parent 1		Parent 2	
Address and contact details		Address and contact details	
Carer 1		Carer 2	
Address and contact details		Address and contact details	

Legal status			Child protection status		
Looked after at home	Yes	<input type="checkbox"/>	Child protection investigation	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>		No	<input type="checkbox"/>
Looked after away from home	Yes	<input type="checkbox"/>	Child protection register	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>		No	<input type="checkbox"/>
Previously either of the above	Yes	<input type="checkbox"/>	Any past child protection activity	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>		No	<input type="checkbox"/>
Any other legal status? (e.g. Section 22/ 23)			Section:		

	First language	Preferred language	Interpreter required?	Preferred communication method
Child			<input type="checkbox"/>	
Parent/carer 1			<input type="checkbox"/>	
Parent/carer 2			<input type="checkbox"/>	

Summary of Wellbeing Needs

SHANARRI: Wellbeing Assessment (part 1) (Named Person)	
Summary of Wellbeing Assessment and any other formal or specific assessments and chronology which will support identification of wellbeing needs	
Protective factors/strengths	Pressures/adversities
Any other relevant information	
Summary analysis	
Conclusion and recommendations of my Wellbeing Assessment	

**My World Assessment Triangle: (part 2)
(Named Person / Lead Professional)**

Summary of My World Assessment Triangle, any other formal or specific assessments and chronology which will support identification of wellbeing needs.

	Protective factors/strengths	Pressures/adversities
How I grow and develop		
What I need from people who look after me		
My wider world		

Any other relevant information

Summary analysis

Conclusion and recommendations of the My World Assessment Triangle

Views

Views of the child/young person about their assessment of wellbeing and their Plan

Views of the parents/carers in relation to the wellbeing assessment and the Plan

Views of any other person who contributed to the wellbeing assessment and the Plan

Any disagreements about the assessment and Plan			
Name	Designation	Nature of disagreement	Action taken to resolve the disagreement

(EDUCATION) Planning – agreed actions

Safe	Healthy	Achieving	Nurtured	What is the desired outcome for the child/young person?	To be achieved by	Success criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Active	Respected	Responsible	Included			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
What needs to be done to meet the wellbeing need? (Action / Intervention)				Who is responsible for the action?	Timescale for taking action	Evaluation (Completed, yes, no, partly?)

Contingency Plan (if relevant)

If this plan does not work or circumstances change what will we do?

Child's Network of Support		
Name	Designation	Contact details

Signature		Date	
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