

Personal Education Plan Reception

First Name:						Surna	ame:					
Also Known as:					Date	of B	irth:					
School:					UPN:							
Tel No:					Become looked after:							
LAC Designate Teacher:	ted											
Social Worke	r:					Tel no	o:					
Name of Care	er:											
Current Addr	ess:											
Legal Status:						Date of LAC review:						
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	In the boxes below indicate profile points and a brief description of strengths/weaknesses Personal/Social/Emotional Communication/Language/Literacy Mathematical Development								volonment			
D&A	SD			LCT LSL		R W		NLC C		SSM		
Dan	JD		LD	LCI	LJL	11		VV	IVEC		33111	
Creative Development			t	Knowledge and understanding the world				the world	Physical Development			
Creative Development									,			
Days of Provision			Mon		Tues		Wed		Thurs	F	ri	
a.m.												
p.m.												
Possible attendance					Actual attendan			ance				
Comments:												
SEN: ADDITIONAL NEEDS Special Educational Needs Identified: Yes No				0			What do the special educational arrangements consist of (please include extra support provided within school/nursery)?					

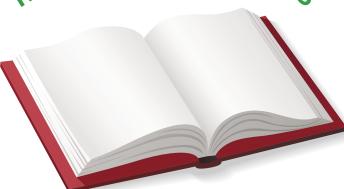
Part 2 To be completed with the child



123

HELLO my name is



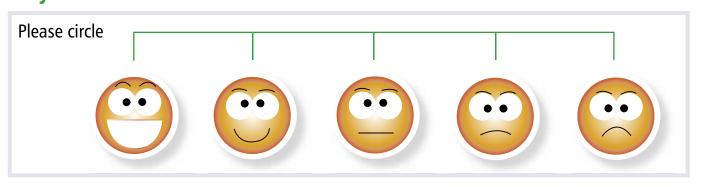


My favourite animal is



My friends are

My school is



When I grow up I want to be...

You can use this space to draw a picture





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Date of meeting:

Present at the Meeting	Pr	Print Name					
Young Person							
Carer / Keyworker							
Social Worker							
Designated Teacher							
Outline the young person's strengths and	achieve	ments					
Povious Provious Targets							
Review Previous Targets Target Achieved? Progress made against target							
langet	Acmeved	1 Trogress made against target					
C LI:							
Summary of discussion							
A grade Mouri Torgets							
Agree New Targets							
Are there any resources, support or additional interventions necessary?							

Please send a copy of the completed PEP to The PLACE, Simonside Lodge, 109 Newcastle Road, South Shields, Tyne and Wear, NE34 9AA

Date of next PEP meeting