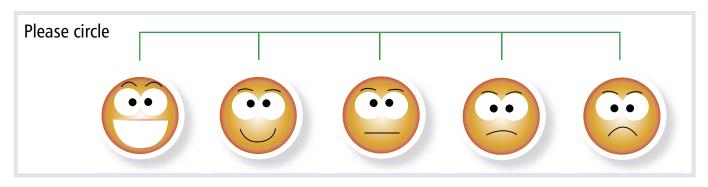


Personal Education Plan Year 1

First Name:			Surname:							
Also Known as:		Date of Birth:								
School:		UPN:								
Tel No:				Become looked after:						
LAC Designated Teacher:										
Social Worker:		Tel no:								
Name of Carer:										
Current Address:										
Legal Status:			Date of LAC re	view:						
Is this child working at FSP \square National Curriculum \square P levels \square (Please tick)										
Attainment	Reading		Writing		Maths	Science				
Current Level										
End of year expectations										
Key Stage 1 Target										
Attendance			Comments:							
Last academic year:										
September to date:										
SEN: ADDITIONAL NEEDS Special Educational Needs	Nature of SEN, if any (tick all that apply)									
Yes No	Cognition and learning									
School Action	Emotional, behavioural and social									
School Action Plus	Communication and interaction									
Statement of SEN	Sensory and physical									
Date of statement: Date of next review:										
What do the special educational arrangements consist of (Please include any support provided within school)?										

My name is At school I like... I am good at... I would like help with... **Sometimes I find** it hard to...

This is how I feel about school





PEP Meeting

Date of meeting:

Present at the Meeting	Pri	Print Name									
Young Person											
Carer / Keyworker											
Social Worker											
Designated Teacher											
Outline the young person's strengths and achievements											
Review Previous Targets											
Target	Achieved?	Progress made against target									
		3 3									
		<u> </u>									
Summary of discussion											
Agree New Targets											
Are there any resources, support or additional interventions necessary?											
Please send a copy of the completed PEP to The PLAC	Œ	Date of next PEP meeting									