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|-------------------------|--|---------------------|--|
| First Name: | | Surname: | |
| Also Known as: | | Date of Birth: | |
| Become looked after: | | UPN: | |
| School: | | School Tel no: | |
| LAC Designated Teacher: | | | |
| Social Worker: | | Tel no: | |
| Name of Carer: | | | |
| Current Address: | | | |
| Legal Status: | | Date of LAC review: | |

| Academic Attainment: | English | Mathematics | Science |
|---------------------------|---------|-------------|---------|
| KS2 | | | |
| End of last academic year | | | |
| Current level | | | |
| End of year expectation | | | |
| Key Stage 3 Target | | | |

| Attendance | Comments: |
|---------------------|-----------|
| Last academic year: | |
| September to date: | |

| | |
|--|--|
| SEN: ADDITIONAL NEEDS Special Educational Needs Identified: <input type="checkbox"/> Yes <input type="checkbox"/> No | Nature of SEN, if any (tick all that apply) |
| <input type="checkbox"/> School Action <input type="checkbox"/> School Action Plus <input type="checkbox"/> Statement of SEN | <input type="checkbox"/> Cognition and learning <input type="checkbox"/> Emotional, behavioural and social <input type="checkbox"/> Communication and interaction <input type="checkbox"/> 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)? | |

Name:

The subjects I am good at are....

The subjects I would like to get better at are....

How I feel I am doing at school (please circle)



How I feel about school (please circle)



Things that are going well in school / I am proud of....

I would like some help with

Reading

Being on time

Writing

Equipment

Maths

Friendships

Science

Behaviour

Attendance

Other (specify)

| | | | |
|---|---------------------------------|--------------------------------|--------------------------------------|
| I like school | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| I have good attendance | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| I am always on time to school | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| I have equipment for school | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| I have a quiet place to study at home | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| I use a computer at home | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| I use the internet at home | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Who helps me with my school work... | | | |
| Clubs and groups I am involved in... | | | |
| Activities I would like to try... | | | |
| The adults I can speak to in school... | | | |
| Things that would help me to learn more... | | | |
| Other things I would like to say about school... <i>(if applicable please discuss Option Choices)</i> | | | |
| When I finish school I would like to be..... | | | |
| I would like to go to College or University | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |

PEP Meeting

Date of meeting:

| Present at the Meeting | 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 |
|--------|-----------|------------------------------|
| | | |
| | | |
| | | |

Summary of discussion

Agree New Targets

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Are there any resources, support or additional interventions necessary?