



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:	

Prior Attainment:	English	Maths	Science
KS2			
KS3			

GCSE Predictions Please tick one box only.

5+ A*-C Incl. Eng & Maths	<input type="checkbox"/>	5+ A*-C Not Incl. Eng & Maths	<input type="checkbox"/>	5+ A* - G	<input type="checkbox"/>	1+ A* - G	<input type="checkbox"/>	None	<input type="checkbox"/>
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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"/> Cognition and learning
<input type="checkbox"/> School Action Plus	<input type="checkbox"/> Emotional, behavioural and social
<input type="checkbox"/> Statement of SEN	<input type="checkbox"/> Communication and interaction
Date of statement:	<input type="checkbox"/> Sensory and physical
	Date of next review:
What do the special educational arrangements consist of (Please include any support provided within school)? 	

Name:

These are the subjects I am studying...	Current grade	Predicted grade

I am good at...

I would like to get better at...

I would like some help with

<input type="checkbox"/> Revision	<input type="checkbox"/> This subject (specify)
<input type="checkbox"/> Centre Assessed Units / Coursework	<input type="checkbox"/> Behaviour
<input type="checkbox"/> Study skills	<input type="checkbox"/> Equipment
<input type="checkbox"/> Attendance	<input type="checkbox"/> Career advice
<input type="checkbox"/> Exams	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> I do not need any help at the moment	

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	

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

The clubs I belong to in school are...

Other things I would like to say about school and my education are...

My hobbies and interests outside of school are...

I would like to go to College

Yes

No

Not sure

I would like to go to University

Yes

No

Not sure

The subject I would like to study in the future is...

The career I am interested in is...

I have had careers information, advice and guidance

Yes

No

Not sure

This is what I need to do to achieve my goal

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

Are there any resources, support or additional interventions necessary?