



Please submit to: pep.documentation@southtyneside.gov.uk - Any queries, please contact: shelley.wold@southtyneside.gov.uk

| PERSONAL DETAILS | | | |
|-------------------------|--|---------------------|--|
| First Name: | | Surname: | |
| Also known as: | | Age in Months: | |
| CLA Start Date: | | UPN: | |
| Nursery: | | Nursery Tel No: | |
| LAC Designated Teacher: | | | |
| Social Worker: | | Tel No: | |
| Name of Carer: | | | |
| Current Address: | | | |
| Legal Status: | | Date of LAC review: | |

| Present at the Meeting (Tick if in attendance): | Print Name: |
|---|-------------|
| Young Person <input type="checkbox"/> | |
| Carer/Keyworker <input type="checkbox"/> | |
| Social Worker <input type="checkbox"/> | |
| Designated Teacher <input type="checkbox"/> | |
| Other <input type="checkbox"/> | |
| Date of Meeting | |

| Attendance and Exclusion (Please attach attendance certificate): | | | | | |
|--|--|---|---|--|--|
| Current Attendance (%): | | | | | |
| Exclusions: | At risk of permanent exclusion? Yes <input type="checkbox"/> No <input type="checkbox"/> | | No of suspensions: | | |
| Interventions to prevent exclusions: | | | | | |
| Days of Provision | Monday AM <input type="checkbox"/> PM <input type="checkbox"/> | Tuesday AM <input type="checkbox"/> PM <input type="checkbox"/> | Wednesday AM <input type="checkbox"/> PM <input type="checkbox"/> | Thursday AM <input type="checkbox"/> PM <input type="checkbox"/> | Friday AM <input type="checkbox"/> PM <input type="checkbox"/> |
| Possible Attendance: | | Actual Attendance: | | | |
| Comments | | | | | |

| SEN - Additional Needs: | Nature of SEN, if any (Tick all that apply): | |
|---|--|---------------------|
| Special Education Needs identified? Yes <input type="checkbox"/> No <input type="checkbox"/> | Type | Range (1-7): |
| Support <input type="checkbox"/> EHCP <input type="checkbox"/> Top up <input type="checkbox"/> | Cognition & Learning <input type="checkbox"/> | |
| Date of next annual review | SEMH <input type="checkbox"/> | |
| Educational Psychologist referral made by school? Y <input type="checkbox"/> N <input type="checkbox"/> | Communication & Interaction <input type="checkbox"/> | |
| Other Agencies Y <input type="checkbox"/> N <input type="checkbox"/> | Sensory & Physical <input type="checkbox"/> | |

ACADEMIC

In the boxes below, please indicate the child's stage of development using either Birth to 5 Matters or Development Matters Non-Statutory Guidance, indicating whether they are emerging or expected. Please give a brief description of strengths/areas of development.

| Personal, Emotional and Social Development | | | Physical Development | | Communication and Language | |
|--|---------------|------------------------|----------------------|-------------------|--|----------|
| Self Regulation | Managing Self | Building Relationships | Gross Motor Skills | Fine Motor Skills | Listening, Attention and Understanding | Speaking |
| | | | | | | |
| Strengths: | | | Strengths: | | Strengths: | |

| Literacy | | | Maths | | Understanding the World | | | Expressive Arts and Design | |
|---------------|------------------|---------|------------|--------------------|-------------------------|--------------------------------|-------------------|----------------------------|--------------------------------|
| Comprehension | Word recognition | Writing | Number | Numerical patterns | Past & present | People, cultures & communities | The Natural world | Creating with materials | Being imaginative & expressive |
| | | | | | | | | | |
| Strengths: | | | Strengths: | | Strengths: | | | Strengths: | |

Does the child have their own device for home learning?

Yes No

My favourite story is...

My friends are...

My favourite foods are...

When I am at Nursery, I like to...

Things that make me happy...

My favourite toys...

Career: When I grow up I would like to be...

ADDITIONAL INFORMATION

Other assessment information:

Other agencies Involved:

Pastoral:

Interventions in place:

Transition - Next phase:

REVIEW, PLANNING, TARGETS AND PP SPEND

Review previous targets

| Target | Achieved? | Progress made against target |
|--------|-----------|------------------------------|
| | | |
| | | |
| | | |

| Agree New Targets | Who will help? |
|-------------------|----------------|
| | |
| | |
| | |

Resources, support or additional interventions accessed in school.

For additional requests, please submit PP Intervention Request Form. Please tick if attached.

A Provision Map **MUST** be attached showing Pupil Premium spend. Please tick the box to confirm.

Total spend:

£

Completed by:

Date: