

Personal Education Plan Reception

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:				
School:		School Tel No:				
LAC Designated Teacher:						
Social Worker:		Tel No:				
Name of Carer:						
Current Address:						
Legal Status:		Date of LAC review:				
Present at the Meeting (Ti	ck if in attendance):	Print Name:				
Young Person						
Carer/Keyworker						
Social Worker						
Designated Teacher						
Other						
Date of Meeting						
Attendance and Exclusion	(Please attach attendance certific	ate):				
Current Attendance (%):						
Exclusions:	At risk of permanent exclusion	n?		Yes No		
No. of suspensions:						
Interventions to prevent exclusions:						
Comments:						
SEN - Additional Needs:		Nature of SEN, if any (Tick all that apply):				
Special Education Needs ide	ntified? Yes No	Туре	R	Range (1-7):		
Support EHCP	Тор ир 🗌	Cognition & Learning				
Date of next annual review		SEMH				
Educational Psychologist refe	rral made by school? Y N	Communication & Interaction				
Other Agencies	Y N	Sensory & Physical				

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		Phy: Develo	sical opment	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		U	nderstandin the World	Expressive Arts and Design			
Compre- hension	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 🗌

PUPIL SHEET



ADDITIONAL INFORMATION					
Other assessment information:					
Other agencies Involved:					
Pastoral:					
rasioidi.					
Interventions in place:					
REVIEW, PLANNING, TARGETS AND PP SPE	ND				
Review previous targets	ND				
Target	Achieved	ł?	Progress mad	le against target	
Agree New Targets				Who will help?	
D	and the sales	1			
Resources, support or additional interventions access For additional requests, please submit PP Intervention Re	equest Form	วดเ. า. Pl	lease tick if atta	ached.	
A Provision Map MUST be attached showing Pupil Premi	ium spend.	Ple	ease tick the bo	x to confirm.	
Total spend:					
Completed by: Date:					