

Personal Education Plan Year 1

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	At risk of permanent exclusion? Yes \(\square\) 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													
EYFS: Prior A	Attainment: 1	- Emerging,	2 - Expecte	ed, 3 - E	xcee	ded (P	lease	indicate	by ı	using 1, 2	2 or 3)		
Communication and Language			Physical Development				Personal, Emotional and Social Development						
ELG01	ELG02	ELG03	EL	ELG04			ELG05		ELG06		ELG07		ELG08
Lite	racy	Matl	nematics			ι		tanding World	l		Expressive Arts & Design		
ELG09	ELG10	ELG11	ELG12	2	ELG1	13	EL	G14	E	LG15	15 ELG16		ELG17
Did the child	achieve a goo	d level of dev	velopment o	verall?		·		·				Yes [□ No □
Key: WTE - V	Vorking towar	ds the expect	ed standard	, EXP - A	At the	e expe	cted st	andard,	GD -	Greater d	epth		
Area	С	urrent level		End of year target				K	S1 pred	1 predicted target			
	WTE	EXP	GD	WTE	E	E	(P	GD	WTE		E	XP	GD
Reading													
Writing													
Maths													
Phonics Screening Check - Please indicate if the child is above the threshold. Yes \(\scale \) No \(\scale \) Score													
Strengths													

Does the child have their own device for home learning?

Yes 🗌

No 🗌

PUPIL SHEET



ADDITIONAL INFORMATION						
Other assessment information:						
Other agencies Involved:						
Pastoral:						
Interventions in place:						
REVIEW, PLANNING, TARGETS AND PP SPE	ND					
Review previous targets	I					
Target	Achieved	ł?	Progress mad	ss made against target		
Agree New Targets		Who will help?				
Resources, support or additional interventions access For additional requests, please submit PP Intervention Re	sed in scho quest Form	ool. n. Pl	lease tick if atta	ached.		
A Provision Map MUST be attached showing Pupil Premi	x to confirm.					
Total spend:						
Completed by: Date:						