

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

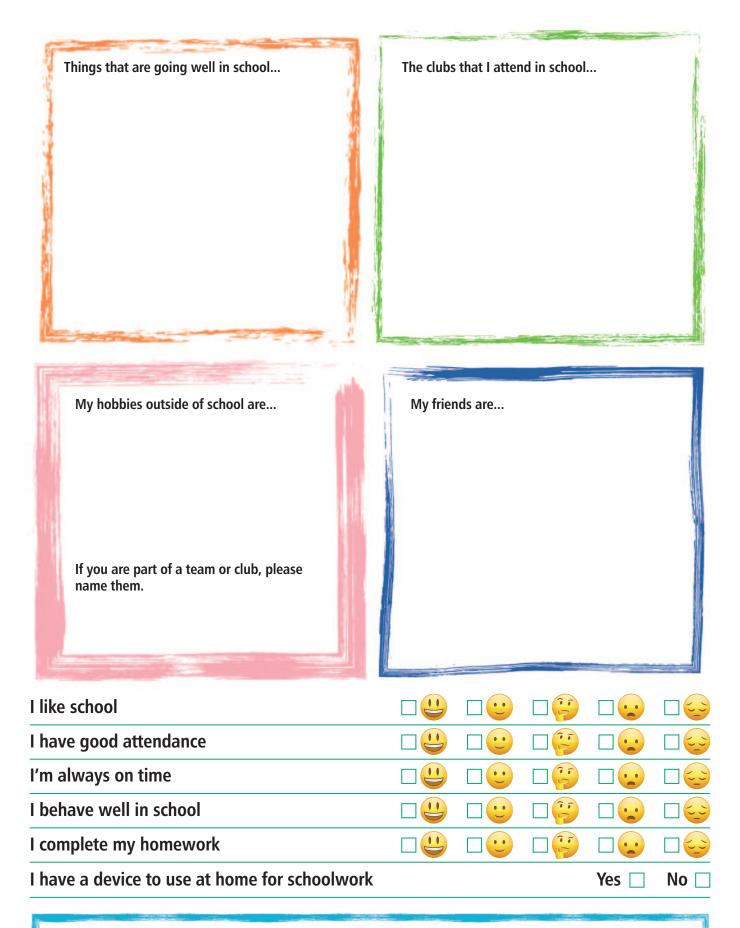
PERSONAL DETAILS				
First Name:		Surname:		
Also known as:		Age in Months:		
CLA Start Date:		UPN:		
School:		School Tel No:		
LAC Designated Teacher:				
Social Worker:		Tel No:		
Name of Carer:				
Current Address:				
Legal Status:		Date of LAC review:		

Present at the Meeting (Tick if in attendance):	Print Name:
Young Person	
Carer/Keyworker	
Social Worker	
Designated Teacher	
Other	
Date of Meeting	

Attendance and Exclusion (Please attach attendance certificate):				
Current Attendance (%):				
Exclusions:	At risk of permanent exclusion? 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 identified? Yes 🗌 No 🗌	Туре	Range (1-7):	
Support 🗌 EHCP 🗌 Top up 🗌	Cognition & Learning		
Date of next annual review	SEMH 🗌		
Educational Psychologist referral made by school? Y N	Communication & Interaction		
Other Agencies Y	Sensory & Physical		

ACADEMI	с								
Key: WTE - Working towards the expected standard, EXP - At the expected standard, GD - Greater depth									
KS1	End of last academic year		iic year	(Current leve	I	Ene	d of year tar	get
	WTE	EXP	GD	WTE	EXP	GD	WTE	EXP	GD
Reading									
Writing									
Maths									
SPAG									
Phonics Scre	ening Check	c - Please indi	icate if the ch	l lild is above t	he threshold.	Yes 🗌	No 🗌	Score	
Strengths									



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

ADDITIONAL INFORMATION				
Other assessment information:				
Other agencies Involved:				
Pastoral:				
Interventions in place:				

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:	f		
Completed by:	Date:		