



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 <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:	
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

Key: **WTE** - Working towards the expected standard, **EXP** - At the expected standard, **GD** - Greater depth

KS1	End of last academic year			Current level			End of year target		
	WTE	EXP	GD	WTE	EXP	GD	WTE	EXP	GD
Reading									
Writing									
Maths									
SPAG									

Phonics Screening Check - Please indicate if the child is above the threshold. Yes No Score

Strengths

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Things that are going well in school...

The clubs that I attend in school...

My hobbies outside of school are...

If you are part of a team or club, please name them.

My friends are...

I like school

😄 😊 🤔 😞 😓

I have good attendance

😄 😊 🤔 😞 😓

I'm always on time

😄 😊 🤔 😞 😓

I behave well in school

😄 😊 🤔 😞 😓

I complete my homework

😄 😊 🤔 😞 😓

I have a device to use at home for schoolwork

Yes No

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: £

Completed by: Date: