

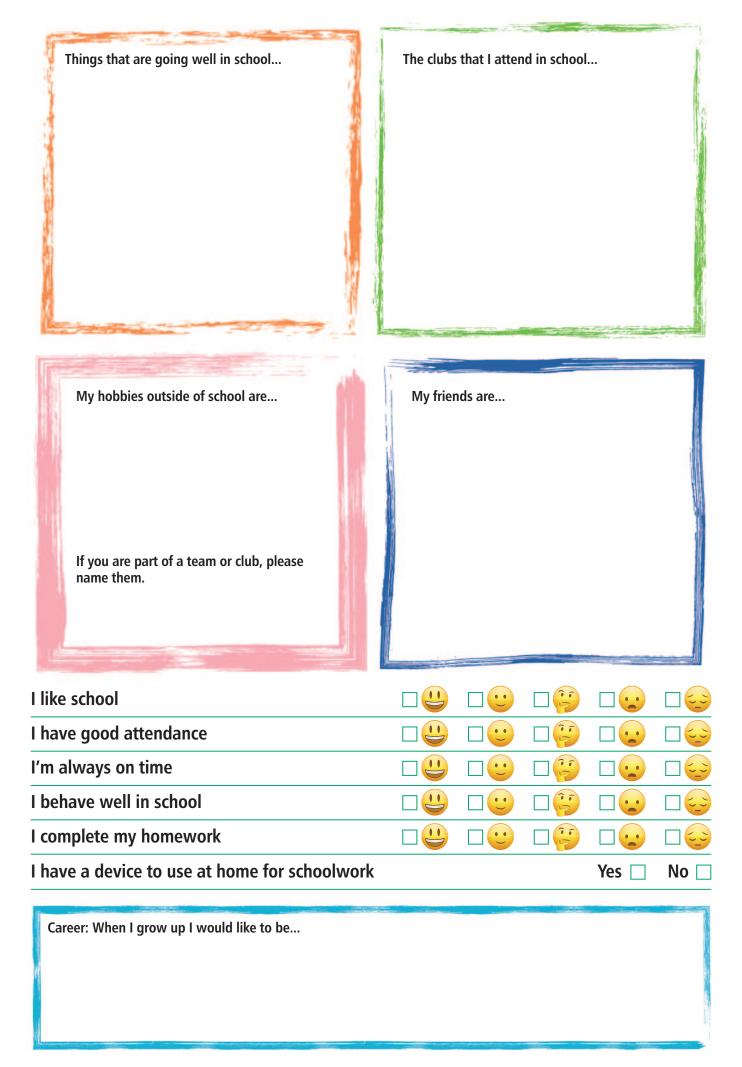
Personal Education Plan Year 3

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 certificate):						
Current Attendance (%):						
Exclusions:	At risk of permanent exclusion	At risk of permanent exclusion?				
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 Top up		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 Key: WTE - Working towards the expected standard, EXP - At the expected standard, GD - Greater depth KS2 End of last academic year **Current level End of year target** End of KS2 WTE **EXP** GD WTE **EXP** GD WTE **EXP** GD **Target**

Reading								
Writing								
Maths								
SPAG								
Phonics So Please indi	creening Ch cate if the ch	eck nild is above	the thresho	ıld.	 Yes 🗌	No 🗆	Score	
Strengths								



ADDITIONAL INFORMATION					
Other assessment information:					
Other agencies Involved:					
Pastoral:					
Pastoral:					
Interventions in place:					
REVIEW, PLANNING, TARGETS AND PP SPE	ND				
Review previous targets	IND				
			Progress mad	e against target	
18.50					
Agree New Targets				Who will help?	
Description of the delicity of the manufacture of the second of the seco	!	lh a a l			
Resources, support or additional interventions access For additional requests, please submit PP Intervention Re	equest Fo	rm. P	lease tick if atta	ached.	
A Provision Map MUST be attached showing Pupil Premium spend. Please tick the box to confirm.					
Total spend: £					
Completed by: Date:					