



Please submit to: [pep.documentation@southtyneside.gov.uk](mailto:pep.documentation@southtyneside.gov.uk) - Any queries, please contact: [shelley.wold@southtyneside.gov.uk](mailto: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

| KS2     | End of last academic year |     |    | Current level |     |    | End of year target |     |    | End of KS2 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

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: