

Personal Education Plan Year 8

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:	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	n?		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 \(\scale \) No \(\scale \)		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						
Prior Attainment Scores:	Reading:	SPAG:		Maths:		
KS2 Raw Score:						
These are the subjects I am studying:		- 1	Current Level		KS4 Predicted end grade (1-9)	
CAREERS						
When I leave school, I'm cons	sidering the following careers.					
This is because						
To be able to do these jobs, I	need to do the following					
10 00 0010 10 00 11000 1000, 1	need to do the following					
1 119 26 2	d (H · · ·)					
I would like more information	n on the following Jobs					
I would like more information	n on the following	6th Form	Calla	no 🗆	Apprenticeships	

PUPIL SHEET								
Things that are going well in school/I am proud of		The clubs that I attend in school						
My hobbies and interests outside of school are		Yes or No?						
		I have a quiet place to study at home			Yes 🗌	No 🗌		
		I have my own	Yes 🗌	No 🗌				
If you are part of a team/club ple	If you are part of a team/club please name them:		I use the internet at home					
		I have friends a	Yes 🗌	No 🗆				
I like school								
I have good attendance								
I'm always on time								
I behave well in school								
I complete my homework								
I'd like my school to help me	with:	How will this	look					
Revision								
Study skills								
Attendance								
Exams								
This subject (specify)								
Behaviour								
Homework								
Other (specify)								
Other things I would like to sa	ay about my school and my ed	lucation are						

ADDITIONAL INFORMATION					
Other assessment information:					
Other agencies Involved:					
Pastoral:					
rasioidi.					
Interventions in place:					
REVIEW, PLANNING, TARGETS AND PP SPE	ND				
Review previous targets	ND				
		Progress mad	le against target		
Agree New Targets				Who will help?	
D	and the sales	1			
Resources, support or additional interventions access For additional requests, please submit PP Intervention Re	equest Form	วดเ. า. Pl	lease tick if atta	ached.	
A Provision Map MUST be attached showing Pupil Premi	ium spend.	Ple	ease tick the bo	x to confirm.	
Total spend:					
Completed by: Date:					