

Personal Education Plan Year 9

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: | | | | |
| Procent at the Meeting (Ti | ick if in attendance): | Print Name: | | | | |
| Present at the Meeting (Tick if in attendance): Young Person | | rint Name. | | | | |
| Carer/Keyworker | | | | | | |
| Social Worker | П | | | | | |
| Designated Teacher | | | | | | |
| Other | | | | | | |
| Date of Meeting | | | | | | |
| Attendance and Exclusion | (Please attach attendance certific | cate): | | | | |
| Current Attendance (%): | | | | | | |
| Exclusions: | At risk of permanent exclusion | At risk of permanent exclusion? Yes No | | | | |
| No. of suspensions: | | | | | | |
| Interventions to prevent | | | | | | |
| exclusions: | | | | | | |
| Comments: | | | | | | |
| 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 refe | erral made by school? Y N 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: | | | | | | KS4 Predicted end grade (1-9) | |
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| CAREERS | | | | | | | |
| I would like to go to | College | e Sixth Form | Appren | ticeship [|] Employm | ent 🗌 | |
| I would like to go to University | | | | | | | |
| I would like to attend the Choic | es Programme in Year 10 | | | | Yes 🗌 | No 🗆 | |
| The subject I would like to study in the future is: | | | | | | | |
| The careers I am interested in are: | | | | | | | |
| WORK EVERNISHED | | | | | | | |
| WORK EXPERIENCE | | | | | | | |
| I would like Work Experience in one of the following areas: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| This is who will support me to f | ind a work experience opportuni | ty: | | | | | |
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| PUPIL SHEET | | | | | | | |
|---------------------------------------------------------|------------------------|---------------------------------------|-------|------|--|--|--|
| Things that are going well in school | /I am proud of | The clubs that I attend in school | | | | | |
| | | | | | | | |
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| | | | | | | | |
| 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 laptop | Yes 🗌 | No 🗆 | | | |
| | | I use the internet at home | Yes 🗌 | No 🗆 | | | |
| | | I have friends at school | Yes 🗌 | No 🗆 | | | |
| If you are part of a team/club please na | me them: | | | | | | |
| Enter the relevant number in box | I like school | | | | | | |
| provided opposite: 1 - All of the time 4 - Almost never | I have good attendance | e | | | | | |
| 2 - Most of the time 5 - Never 3 - Sometimes | I'm always on time to | school | | | | | |
| 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 say about | ut my school and my ec | lucation are | | | | | |
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| ADDITIONAL INFORMATION | | | | | | |
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| Other assessment information: | | | | | | |
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| Other agencies Involved: | | | | | | |
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| Pastoral: | | | | | | |
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| Interventions in place: | | | | | | |
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| DEVIEW DI ANNUNC TARCETC AND DE CRE | · ND | | | | | |
| REVIEW, PLANNING, TARGETS AND PP SPE Review previous targets | :ND | | | | | |
| Target | Achieved? Progress m | | | ade against target | | |
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| A N - | | | | wd : ::: 1.2 | | |
| Agree New Targets | | | | Who will help? | | |
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| Resources, support or additional interventions access For additional requests, please submit PP Intervention Re | sed in scho | ol. . Ple | ease tick if atta | ched. | | |
| A Provision Map MUST be attached showing Pupil Premium spend. Please tick the box to confirm. | | | | | | |
| Total spend: | | | | | | |
| Completed by: Date: | | | | | | |