

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/College		School/College Tel:		
LAC Designated Teacher:				
Social Worker:		Tel No:		
Name of Carer:				
Current Address:				
Legal Status:		Date of LAC review:		
Drocont at the Meeting (Ti	al. if in attendance).	Drint Nama		

Present at the Meeting (Tick 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?	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 identi	fied? Yes	No 🗆	Туре		Range (1-7):
Support 🗌 EHCP 🗌	Top up 🔲		Cognition & Learning		
Date of next annual review			SEMH		
Educational Psychologist referra	l made by school? Y	□ N □	Communication & Interaction		
Other Agencies	Y	□ N □	Sensory & Physical		

ACADEMIC			
Prior Attainment:	Reading:	SPAG:	Maths:
KS2 Raw Score			

Prior Attainment - Year 11 & 12:	Qualification Level	Current Level (1-9)	KS5 Predicted end grade (1-9)
These are the subjects I'm studying now			

CAREERS					
I would like to progress to:	Further study	Apprenticeship	Em	ployme	ent 🗌
I would like to go to University		Yes 🗌	No 🗌	Not Su	ire 🗌
The subject I would like to study in the future is:					
The careers I am interested in are:					
I have attended a careers appointment			Yes		No 🗌
I required another careers appointment			Yes		No 🗌

## WORK EXPERIENCE/VOLUNTARY WORK/EMPLOYMENT

Completed Work Experience: (Give details):

I would like Work Experience in one of the following areas:

#### **STUDENT SHEET**

## Things that are going well...

My hobbies and interests outside of school/college are	Yes or No?		
	I am accessing enhanced bursary	Yes 🗌	No 🗌
	I have a quiet place to study at home	Yes 🗌	No 🗌
If you are part of a team/club please name them:	I have my own laptop	Yes 🗌	No 🗌
	I use the internet at home	Yes 🗌	No 🗆
	I have friends	Yes 🗌	No 🗌

Enter the relevant number in box provided opposite:		I like school/college	
1 - All of the time	4 - Almost never		
<ul><li>2 - Most of the time</li><li>3 - Sometimes</li></ul>	5 - Never	I'm always on time to school/college	

I would like some help with	How will this look
Revision	
Study skills	
Attendance	
Exams	
This subject (specify)	
Behaviour 🗌	
Homework/Coursework	
University/Job Applications	
Other (specify)	

Other things I would like to say about my education are...

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?

<b>Resources, support or additional interventions accessed in school.</b> For additional requests, please submit PP Intervention Request Form. Please tick if attached.	
A Provision Map <b>MUST</b> be attached showing Pupil Premium spend. Please tick the box to confirm.	
Total spend:	f
Completed by:	Date: