

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		
2 - Most of the time3 - Sometimes	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?

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:	f
Completed by:	Date: