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| **Personal Education Plan (PEP)**  **Post-16** | | | | | | | | | | | | | | | | | | | | | | | |
| **EDUCATION SETTING TO COMPLETE ALL SECTIONS**  Please ensure all information is completed in full. Failure to do so will result in delays in finalising the document and any Pupil Premium Plus applications. For boxes which say ‘choose an item’ please click in the box and a drop-down menu should appear. | | | | | | | | | | | | | | | | | | | | | | | |
| **This is my term**  Choose an item. | | | | | | | | | | | | | | | | | | | | | | | |
| **Details of Child:** | | | | | | | | | | | | | | | | | | | | | | | |
| Family Name | | | | | |  | | | | | | | | | | | Given Names | | | |  | | |
| Actual DOB | | | | | |  | | | | | | | | | | | Likes to be known as | | | |  | | |
| Ethnicity | | | | | |  | | | | | | | | | | | Gender I identify as | | | |  | | |
| Age | | | | | |  | | | | | | | | | | | Primary Language | | | |  | | |
| UPN | | | | | |  | | | | | | | | | | | ULN | | | |  | | |
| School Year | | | | | |  | | | | | | | | | | | | | | | | | |
| This PEP Meeting Date | | | | | | Click here to enter a date. | | | | | | | | | | | | | | | | | |
| Date set for next PEP Meeting | | | | | | Click here to enter a date. | | | | | | | | | | | | | | | | | |
| Is this my initial PEP OR the first PEP since the move to a new education setting or school OR are there any changes in my carer details since my last PEP? | | | | | | Choose an item. | | | | | | | | | | | | | | | | | |
| Are there any planned transitions this academic year? | | | | | | Choose an item. | | | | | | | | | | | | | | | | | |
| If yes, please provide name of school or college | | | | | |  | | | | | | | | | | | | | | | | | |
| Is this PEP meeting a joint EHCP review? | | | | | | Choose an item. | | | | | | | | | | | | | | | | | |
| **My Personal Education Plan:** | | | | | | | | | | | | | | | | | | | | | | | |
| My School/Education Setting is: | | | | | |  | | | | | | | | | | | | | | | | | |
| My Designated Teacher/Person is: | | | | | |  | | | | | | | | | | | | | | | | | |
| Their Telephone number and Email is: | | | | | |  | | | | | | | | | | | | | | | | | |
| My Headteacher/Principal is: | | | | | |  | | | | | | | | | | | | | | | | | |
| Their email address is: | | | | | |  | | | | | | | | | | | | | | | | | |
| My Key Person is: (‘Which adult do I spend time with at school/college?’ e.g. A teacher, a learning mentor etc.) | | | | | |  | | | | | | | | | | | | | | | | | |
| Their email address is: | | | | | |  | | | | | | | | | | | | | | | | | |
| My Social Worker/ Personal Adviser is: | | | | | |  | | | | | | | | | | | | | | | | | |
| Their email address and Telephone Number is: | | | | | |  | | | | | | | | | | | | | | | | | |
| **PEP Meeting** | | | | | | | | | | | | | | | | | | | | | | | |
| People who were involved with completing this form: *(please add more rows below if needed)* | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | Their Role | | | | | | | | | | | | How to contact them | | | | | | |
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| **About Me - How am I doing now?**  eg, How am I feeling? What do I enjoy and dislike? What would I like help with? What am I interested in right now and next? What would help me? What might be preventing me? Who could help me achieve what I want to? What can I do to help myself? | | | | | | | | | | | | | | | | | | | | | | | |
| **Child or Young person’s view:**  *(for young people who need help to communicate or those who do not wish to contribute, an adult can help with this)* | | | | | | | | | | | | | | | | | | | | | | | |
| **My Future Aspirations** | | | | | | | | | | | | | | | | | | | | | | | |
| *What are your current career aspirations? What careers advice, support and opportunities have you accessed and are planned? Have any other agencies been involved?* | | | | | | | | | | | | | | | | | | | | | | | |
| **Special Educational Needs** | | | | | | | | | | | | | | | | | | | | | | | |
| **Do I have any identified SEND/ALN?** Choose an item. | | | | | | | | | | | | | | | | | | | | | | | |
| Special Educational Needs/Disability Status  Choose an item. | | | | | | | | | | | | | | | | Primary Area of Need  Choose an item.  Secondary Area of Need, if applicable  Choose an item. | | | | | | | |
| **Do I have a formal diagnosis?** | | | | | | | | | | | | | | | | **Please state my diagnosis/diagnoses:** | | | | | | | |
| *(eg ADHD, Dyslexia, Dyscalulia, Foetal Alcohol Syndrome, Irlens, and/or other)*  Choose an item. | | | | | | | | | | | | | | | |  | | | | | | | |
| **SEND Strategies and Support** | | | | | | | | | | | | | | | | | | | | | | | |
| **Please supply a summary of the strategies and support in place for me:**  **If I have an EHCP/Statement/IDP please comment on my progress made:**  **Date of EHCP/Top-Up review where applicable:** Click here to enter a date. | | | | | | | | | | | | | | | | | | | | | | | |
| **Attendance and Progress** | | | | | | | | | | | | | | | | | | | | | | | |
| Attendance | | | | | | | | | | | | | | | | | | | | | | | |
| Overall Percentage | | Percentage of absences authorised: | | | | | Percentage of absences unauthorised: | | | | | Are there concerns over my attendance? | | | | | | | Details of Concerns: | | | | |
|  | |  | | | | |  | | | | | Choose an item. | | | | | | |  | | | | |
| **Is the young person on a full or part time course?** | | | | | | | | | | | | | | | **Are they engaging fully with this?** | | | | | | | | |
| Choose an item. | | | | | | | | | | | | | | | Choose an item. | | | | | | | | |
| **If they are not engaging fully, please complete the following:** | | | | | | | | | | | | | | | | | | | | | | | |
| Details: | | | |  | | | | | | | | | | | | | | | | | | | |
| **Attainment – Post 16** | | | | | | | | | | | | | | | | | | | | | | | |
| Subject/  Name of course  *(eg English, Construction, IT)* | | | Qualification and level  *(e.g. GCSE, A’ Level, BTEC, HND, Functional Skills, Apprenticeship)* | | | | | | | Previous assessment grade  *(If not previously studied, put N/A)* | | | | Current assessment grade | | | | | | End of course target | | | Am I on track to achieve my end of course target? |
|  | | |  | | | | | | |  | | | |  | | | | | |  | | | Choose an item. |
|  | | |  | | | | | | |  | | | |  | | | | | |  | | | Choose an item. |
|  | | |  | | | | | | |  | | | |  | | | | | |  | | | Choose an item. |
| NB: The questions below must be filled in for those young people who are in Reception and above. | | | | | | | | | | | | | | | | | | | | | | | |
| **Overall am I making Expected Progress from my starting point:** Choose an item. | | | | | | | | | | | | | | | | | | | | | | | |
| **Are there concerns over my educational establishment place?** Choose an item. | | | | | | | | | | | | | | | | | | | | | | | |
| **How do YOU think I am doing now?** | | | | | | | | | | | | | | | | | | | | | | | |
| **School/College view:**  *(Please provide a short summary of strengths and any areas requiring support, this may include dyslexia, dyscalculia, hearing, visual, Wellbeing Assessment Tool information, etc.)* | | | | | | | | | | | | | | | | | | | | | | | |
| **Meeting summary and actions:**  **To include: any additional information provided, what needs to be done next and any actions required.**  e.g: Updates from parents and carers, any identified interventions required or referrals needed to support the child/young person. | | | | | | | | | | | | | | | | | | | | | | | |
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| **Evaluation of Previous Targets:** | | | | | | | | | | | | | | | | | | | | | | | |
| Previous ‘SMART’ target  *(If first PEP put N/A)* | | | | | | | | Has this been met?  *(If first PEP put N/A)* | | | | | **If Yes**, please explain the impact this has had on progress.  **If no**, please explain why. | | | | | | | | | Was Pupil Premium Plus (PP+) accessed?  ***(Only applicable if student was in year 11 last PEP)*** | |
| **Wellbeing Target -** | | | | | | | | Choose an item. | | | |  | | | | | | | | | Choose an item. | |
| **English**  *(if applicable)* | | | | | | | | Choose an item. | | | |  | | | | | | | | | Choose an item. | |
| **Maths**  *(if applicable)* | | | | | | | | Choose an item. | | | |  | | | | | | | | | Choose an item. | |
| **Course name -** | | | | | | | | Choose an item. | | | |  | | | | | | | | | Choose an item. | |
| **Next Steps**  Please link targets set to EHCP if applicable. | | | | | | | | | | | | | | | | | | | | | | |
| **This term’s SMART targets** – please add **at least 2** targets, **plus** a target for wellbeing  (Specific, Measurable, Achievable, Realistic, Time limited.) | | | | | | | | | | | | | | | | | | | | | | |
| Subject/  Name of course | | | | Qualification and level  *(e.g. GCSE, A’ Level, BTEC, HND, Functional Skills, Apprenticeship)* | | | | | | | Current SMART target details:  *(These must relate to subjects in first column)* | | | | | | | Details, how will this be achieved?  *(intervention, support, who will do this, etc.)* | | | | Expected outcome  for this intervention | |
| **Wellbeing Target** | | | |  | | | | | | |  | | | | | | |  | | | |  | |
| **English**  *(if applicable)* | | | |  | | | | | | |  | | | | | | |  | | | |  | |
| **Maths**  *(if applicable)* | | | |  | | | | | | |  | | | | | | |  | | | |  | |
| **Course name -** | | | |  | | | | | | |  | | | | | | |  | | | |  | |
| Other *(if applicable)* | | | |  | | | | | | |  | | | | | | |  | | | |  | |
| **16-19 Funding (If applicable)** | | | | | | | | | | | | | | | | | | | | | | | |
| **Am I getting additional funding?** (EMA, Bursary, Other?) Choose an item. | | | | | | | | | | | | | | | | | | | | | | | |
| **How is this being used to support me?** | | | | | | | | | | | | | | | | | | | | | | | |