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| **Welsh Personal Education Plan**  **Nursery & Pre-school** | | | | | | | | | | | | | | | | | | |
| **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 | | | |  | | |
| Nursery/pre-school year group | | | | |  | | | | | | | | | | | | | |
| 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/IDP review? | | | | | Choose an item. | | | | | | | | | | | | | |
| **My Personal Education Plan:** | | | | | | | | | | | | | | | | | | |
| My Nursery/Pre-school Setting is: | | | | |  | | | | | | | | | | | | | |
| My Designated Teacher/Person for looked after children is: | | | | |  | | | | | | | | | | | | | |
| Their Telephone number and Email is: | | | | |  | | | | | | | | | | | | | |
| My Headteacher/ Nursery Manager is: | | | | |  | | | | | | | | | | | | | |
| Their email address is: | | | | |  | | | | | | | | | | | | | |
| My Key Person is: (‘Which adult do I spend time with at nursery/pre-school.) | | | | |  | | | | | | | | | | | | | |
| Their email address is: | | | | |  | | | | | | | | | | | | | |
| My Social Worker is: | | | | |  | | | | | | | | | | | | | |
| Their 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 younger children, young people who need help to communicate or those who do not wish to contribute, an adult can help with this)*  What have I achieved last term on my **Activity Passport** (for 3 & 4 year olds)**?**  What will I work on this term on my **Activity Passport** (for 3 & 4 year olds)**?** | | | | | | | | | | | | | | | | | | | |
| **Additional Learning Needs (ALN)** | | | | | | | | | | | | | | | | | | | |
| **Do I have any identified ALN or developmental needs?** Choose an item. | | | | | | | | | | | | | | | | | | | |
| Additional Learning 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 Foetal Alcohol Syndrome, Irlens, ADHD, Dyslexia, Dyscalulia and/or other)*  Choose an item. | | | | | | | | | |  | | | | | | | | | |
| **ALN Strategies and Support** | | | | | | | | | | | | | | | | | | | |
| **If I have ALN or a diagnosis, please supply a summary of the strategies and support in place for me:**  *Where appropriate, please attach a copy of the Provision Map to accompany the PEP.*  **If I have a Statement/ Local Authority IDP please comment on my progress made:**  **Date of EHCP/ Statement/ LA IDP/ Top-Up review where applicable**: Click here to enter a date. | | | | | | | | | | | | | | | | | | | |
| **Attendance and Progress** | | | | | | | | | | | | | | | | | | | |
| Attendance | | | | | | | | | | | | | | | | | | | |
| Nursery/Pre-school | Current entitlement accessed: | | | | | | How are the hours taken: | | | Please add any additional hours attending on top of existing entitlement: | | | Days and session times attending: | | | | | Are there concerns over my attendance? | |
| Choose an item. | | | | | | Choose an item. | | |  | | |  | | | | | Choose an item. | |
| Am I accessing full entitlement? Choose an item. *If the answer is no, please indicate the following:* | | | | | | | | | | | | | | | | | | | |
| Number or hours accessed: | | |  | | | | | | | | Reason for reduction: | | | |  | | | | |
| Plan to increase provision: | | |  | | | | | | | | Timescale: | | | |  | | | | |
| **Attainment** | | | | | | | | | | | | | | | | | | | |
| Areas of Learning and Experience | **Previous assessments:**  At my last PEP was I learning within my age range and according to observations / Progression Step Assessment /  Achievement Outcome | | | | | | **Current assessments:**  Am I learning within my age range and according to observations /Progression Step Assessment /  Achievement Outcome | | | Am I making progress from my starting point? | | | Is additional support in place if I am not learning within my age range? | | | | Are there any referrals to other agencies? e.g. SALT, Paediatrician, Physiotherapist? | | |
| **Health & Wellbeing** | Choose an item. | | | | | | Choose an item. | | | Choose an item. | | | Choose an item. | | | | Choose an item. | | |
| **Expressive Arts** | Choose an item. | | | | | | Choose an item. | | | Choose an item. | | | Choose an item. | | | | Choose an item. | | |
| **Humanities** | Choose an item. | | | | | | Choose an item. | | | Choose an item. | | | Choose an item. | | | | Choose an item. | | |
| **Languages, Literacy & Commmuni-cation** | Choose an item. | | | | | | Choose an item. | | | Choose an item. | | | Choose an item. | | | | Choose an item. | | |
| **Mathematics & Numeracy** | Choose an item. | | | | | | Choose an item. | | | Choose an item. | | | Choose an item. | | | | Choose an item. | | |
| **Science & Technology** | Choose an item. | | | | | | Choose an item. | | | Choose an item. | | | Choose an item. | | | | Choose an item. | | |
| NB: The questions below must be filled in for all children and young people: | | | | | | | | | | | | | | | | | | | |
| **Overall am I learning within my age range?** Choose an item. | | | | | | | | | | | | | | | | | | | |
| **Overall am I making progress from my starting point:** Choose an item. | | | | | | | | | | | | | | | | | | | |
| **Are there concerns over my nursery/ pre-school place?** Choose an item. | | | | | | | | | | | | | | | | | | | |
| **Has the Activity Passport been discussed (for 3 & 4 Year olds)?** Choose an item. | | | | | | | | | | | | | | | | | | | |
| **How do YOU think I am doing now?** | | | | | | | | | | | | | | | | | | | |
| **Health Visitor/Nursery/Pre-school:**  **What are your observations telling you about my progress?**  *(Please provide a short summary of my strengths and if I’m not learning within my age range or making small steps in my progress, what is in place to help me?)* | | | | | | | | | | | | | | | | | | | |
| **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. | | | | | | | | | | | |
| **Health & Wellbeing** | | | | | | Choose an item. | |  | | | | | | | | | | | |
| **Expressive Arts** | | | | | | Choose an item. | |  | | | | | | | | | | | |
| **Humanities** | | | | | | Choose an item. | |  | | | | | | | | | | | |
| **Languages, Literacy & Commmuni-cation** | | | | | | Choose an item. | |  | | | | | | | | | | | |
| **Mathematics & Numeracy** | | | | | | Choose an item. | |  | | | | | | | | | | | |
| **Science & Technology** | | | | | | Choose an item. | |  | | | | | | | | | | | |
| **Next Steps**  Please link targets set to IDP/ Statement if applicable. | | | | | | | | | | | | | | | | | | | |
| **This term’s SMART targets** – please add at least 3, including a Health and Wellbeing target  (Specific, Measurable, Achievable, Realistic, Time limited.) | | | | | | | | | | | | | | | | | | | |
| Targets are needed for: | | Current SMART target details:  *(These must relate to the Areas of Learning in first column)* | | | | | | | Details, how will this be achieved?  (Name of intervention, 1:1 or small group, group size, who will work with me, when, how often, etc) | | | | | Expected outcome  for this  intervention | | | | | |
| **Health & Wellbeing** | |  | | | | | | |  | | | | |  | | | | | |
| **Expressive Arts** | |  | | | | | | |  | | | | |  | | | | | |
| **Humanities** | |  | | | | | | |  | | | | |  | | | | | |
| **Languages, Literacy & Commmunication** | |  | | | | | | |  | | | | |  | | | | | |
| **Mathematics & Numeracy** | |  | | | | | | |  | | | | |  | | | | | |
| **Science & Technology** | |  | | | | | | |  | | | | |  | | | | | |