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| **Personal Education Plan (PEP)** **Early Years Setting & Reception**  |
| **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 |  |
| Age |  | Primary Language |  |
| UPN |  |
| 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 nursery/pre-school/school  |  |
| Is this PEP meeting a joint EHCP/ Early Years Inclusion Funding review? | **Choose an item.** |
| **My Personal Education Plan:**  |
| My Pre-school/Nursery/School is: |  |
| My Designated Teacher/Person is: |  |
| Their Telephone number and Email: |  |
| My Headteacher/Nursery Manager is:(Please note we must have these contact details for any Early Years Pupil Premium payment or Pupil Premium Plus requests to be approved) |  |
| Their email address is: |  |
| My Key Person is:(‘Which adult do I spend time with at school/nursery?’ e.g. My class teacher, a learning mentor etc.) |  |
| 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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| **How am I doing now?** E.g. How am I feeling? What do I enjoy and dislike? How do I let you know I am happy? How do I let you know if I am worried or if I need help with something? What am I interested in right now and next? What would help me? What might be preventing me? What am I proud of at home and at school? What would I like to do or try at home and at school? |
| **Child’s view:** *(for very young children, children who need help to communicate, or those who do not wish to contribute, an adult can help with this)* |
| **What does my weekly routine look like:**(e.g. attend nursery on particular days, go to the park/swim, etc.) |  |
| **Special Educational Needs** |
| **Do I have any identified developmental needs?** Choose an item. |
| Special Educational Needs/Disability StatusChoose 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:** |
| *Foetal Alcohol Syndrome, Irlens, ADHD, Dyslexia, Dyscalculia and/or other)*Choose an item.  |  |
| **SEND Strategies and Support:** |
| **Please supply a summary of the strategies and support in place for me, excluding those funded by Pupil Premium Plus:***Where appropriate, please attach a copy of the Provision Map to accompany the PEP.***If I have an EHCP please comment on my progress made:****EHCP/Top-up review/ Early Years Inclusion Support Funding review date, where applicable**: Click here to enter a date. |
| **Attendance and Progress** |
| Attendance: Please complete appropriate section |
| Early Years setting | 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. |
| Details of concerns |  |
| Reception | Overall Percentage | Percentage of absences authorised: | Percentage of absences unauthorised: | Are there concerns over my attendance? | Details of Concerns | Number of fixed term suspensions to date this academic year | Number of internal suspensions to date this academic year |
|  |  |  | Choose an item. |  |  |  |
| **Is the child/young person in full time education? (For Reception only)** | **If yes, are they engaging with this?** |
| Choose an item. | Choose an item. |
| If they are not engaging with the full offer, please complete the following: |
| Details: |  |
| Reduced Timetable (only complete for children on a reduced timetable who are statutory school age) |
| **Is the child/young person on a reduced timetable?**  Choose an item. |
| Number of hours accessed: |  | Reason for reduction: |  |
| Plan to increase provision/ timetable: |  |
| Start date of reduced timetable: | Click here to enter a date. | Date to be reviewed (6 weeks on):  | Click here to enter a date. |
| **Has the person with parental responsibility given consent for a Reduced Timetable?**Choose an item. | **For CWaC schools, has the Reduced Timetable form been sent directly to the Education Team within CWaC?**Choose an item.school.relationshipteam@cheshirewestandchester.gov.uk |
| *Please make sure a copy of the most up to date Reduced Timetable form is attached to this PEP* |
| Alternative Provision |
| **Is the child/young person accessing alternative provision?** Choose an item.*If the answer is yes, please add the following:* |
| Name/s of Alternative Provision/s: |  | Is this provision Ofsted / Estyn Registered? |  |
| Alternative Provision start date: | Click here to enter a date. | Alternative Provision end date: | Click here to enter a date. |
| What does my week look like? |  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **am** |  |  |  |  |  |
| **pm** |  |  |  |  |  |
| Expected Outcomes: |  |
| Progress towards outcomes: |  |
| Review date: | Click here to enter a date. |
| Name and contact details of person in school who is responsible for quality assurance:***This must be the Designated Teacher for CLA in the school where the pupil is on roll*** |  |
| **Progress:**Based on your professional judgement and observation, please indicate whether children are learning within their age range. **NB**: To be filled in as appropriate, if you are not yet recording observations for the **Specific Areas** please select N/A. |
| **Prime Areas** | **Previous assessments:**At my last PEP was I learning within my age range and according to the Observation Check Points in Development Matters? | **Current assessments:**Am I learning within my age range and according to the Observation Check Points in Development Matters? | 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?  |
| Personal, Social and Emotional Development – Self-Regulation | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Personal, Social and Emotional Development – Managing Self | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Personal, Social and Emotional Development – Building Relationships | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Communication and Language – Listening, Attention & Understanding | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Communication and Language - Speaking | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Physical Development – Gross Motor | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Physical Development – Fine Motor | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| **Specific Areas** | **Previous assessments:**At my last PEP was I learning within my age range and according to the Observation Check Points in Development Matters? | **Current assessments:**Am I learning within my age range and according to the Observation Check Points in Development Matters? | Am I making Expected Progress from my starting point? | Is additional support in place, where a child is not learning within their age range? | Are there any referrals to other agencies? e.g. SALT, Paediatrician, Physiotherapist? |
| Literacy - Comprehension | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Literacy – Word Reading | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Literacy - Writing | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Mathematics - Number | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Mathematics – Numerical Patterns | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Understanding the World – Past and Present | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Understanding the World – Culture & Communities | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Understanding the World – The Natural World | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Expressive Art and Design – Creating & Materials  | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Expressive Art and Design – Being Imaginative and Expressive | Choose an item. | Choose an item. | 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 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 school place?** Choose an item. |
| **How do YOU think I am doing now?** |
| **Health Visitor/Early Years Setting/School:** **What are the observation checkpoints 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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| **Early Years Pupil Premium:**(Please note that for children in care this is an extra £1 per hour for the first 15 hours for all funded age groups. The total is £570 paid throughout the year dependent on how the hours are taken, i.e. all year round or term time only.) |
| **How is my EYPP going to be used to support my wellbeing and learning?**(This may include small group interventions, one to one support, resources, etc.) |
| **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?**For Reception only***(If first PEP put N/A)* |
|  | Choose an item. |  | Choose an item. |
|  | Choose an item. |  | Choose an item. |
|  | Choose an item. |  | Choose an item. |
|  | 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 3, including a PSED target for Wellbeing(Specific, Measurable, Achievable, Realistic, Time limited.) |
| Area of Learning & Development: | Current SMART target details:*(These must relate to subjects in first column)* | Details, how will this be achieved? *(Name of intervention, 1:1 or small group, group size, T/HLTA/TA, when, how often, etc)* | Expected outcomefor thisintervention | Is PP+ requested this time?**(For Reception only)** | Cost per hour*(Please only enter figures)***(For Reception only)** | Hours per week*(Enter part hours in decimal e.g. 15 mins = 0.25)***(For Reception only)** | Cost per term*(Please only enter figures)***(Reception only)** |
| Personal, Social and Emotional Development – Self-Regulation |  |  |  | Choose an item. |  |  |  |
| Personal, Social and Emotional Development – Managing Self |  |  |  | Choose an item. |  |  |  |
| Personal, Social and Emotional Development – Building Relationships |  |  |  | Choose an item. |  |  |  |
| Communication and Language – Listening, attention & Understanding |  |  |  | Choose an item. |  |  |  |
| Communication and Language - Speaking |  |  |  | Choose an item. |  |  |  |
| Physical Development – Gross Motor |  |  |  | Choose an item. |  |  |  |
| Physical Development – Fine Motor |  |  |  | Choose an item. |  |  |  |
| Literacy – Comprehension |  |  |  | Choose an item. |  |  |  |
| Literacy – Word Reading |  |  |  | Choose an item. |  |  |  |
| Literacy - Writing |  |  |  | Choose an item. |  |  |  |
| Mathematics – Number |  |  |  | Choose an item. |  |  |  |
| Mathematics – Numerical Patterns |  |  |  | Choose an item. |  |  |  |