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| **Personal Education Plan (PEP)**  **Post-16** | | | | | | | | | | | | | | | | | | | | | | | |
| **EDUCATION SETTING TO COMPLETE ALL SECTIONS**  Please ensure all information is completed in full.  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?**  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? What would I like to do or try? | | | | | | | | | | | | | | | | | | | | | | | |
| **Young Person’s view:** | | | | | | | | | | | | | | | | | | | | | | | |
| **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, Dyscalculia, 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?** | | | | | | | | | | | | | | | | | | | | | | | |