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| **Personal Education Plan (PEP)** **Early Years Pre-setting** |
| **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 |  |
| 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 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 |  |
| My Social Worker is: |  |
| Their contact details: |  |
| My Carer is: |  |
| Their contact details (if applicable): |  |
| My Health Visitor is: |  |
| Their telephone number and email address: |  |
| **My Personal Education Plan:** |
| 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?  |
| **Child’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 routine is:**(e.g. Feed times, sleep pattern, getting out and about) |  |
| **Special Educational Needs** |
| **Do I have any identified developmental needs or a diagnosis/diagnoses?** Choose an item. |
| **If the answer is yes, please include details of these:**  |
| **Link to Children’s Centres and Early Intervention** |
| **Is the child in your care registered with a Children’s Centre?** (If not please add this as an action from this PEP) Choose an item. |
| **If yes, what are you accessing?** (Play sessions, weigh in clinic, etc.) |
| **Is an Early Years Worker or Family Intervention Worker involved with the child in your care?** Choose an item. |
| **If the answer is yes, please provide an overview:** |
| **Progress**Development in the Prime Areas – please refer to Prime Areas Guidance |
| **Prime Areas** | **What can I do now?**  | **Puzzles and Struggles** |
| Personal, Social and Emotional Development  |  |  |
| Communication and Language |  |  |
| Physical Development |  |  |
| **How am I doing now?** |
| **Health Visitor/Family Support Worker/Social Worker/Parent/Carer:** *(Please provide a short summary of strengths and any areas requiring support, this may include developmental concerns, speech delay, hearing, visual, 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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| **Next Steps –** please complete for each of the following: |
| **Prime Areas** | **My previous ‘Next Steps’ around Prime Areas were:***(if initial PEP put N/A)* | **Has this been met?***(if initial PEP put N/A)* | **My next steps to help me now are:** *(These should be linked to the Prime Areas in the first column)* |
| Personal, Social and Emotional Development (including Wellbeing) |  | Choose an item. |  |
| Communication and Language |  | Choose an item. |  |
| Physical Development |  | Choose an item. |  |