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| **Welsh Personal Education Plan (PEP)**  **Reception to Year 11** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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/IDP 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 is:  (Please note we must have the headteachers contact details for any pupil premium plus requests to be approved) | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Their email address is: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| My Key Person is: (‘Which adult do I spend time with at school?’ 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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| **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 at home and at school? What would I like to do or try at home and at school? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Child/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)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **My Future Aspirations (Year 9 onwards)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *What are your current career aspirations? What careers advice, support and opportunities have you accessed and are planned? Have any other agencies been involved?* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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, Dyscalculia and/or other)*  Choose an item. | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **ALN 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 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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?** | | | | | | | | | | | | | | | **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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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](mailto: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 indicate 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 from the school where the pupil is on roll*** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Attainment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Areas of Learning and Experience | | **Method of Assessment** *(eg Teacher Assessment, Progression Step Assessment /*  *Achievement Outcome)* | | | | | **Previous term assessment**  *Progression Step and progress within that, eg Emerging, Developing, Secure* | | | | | **Current term assessment**  *Progression Step and progress within that, eg Emerging, Developing, Secure* | | | | | | | | **Progression Step expected by the end of the next Achievement Outcome**  *(Step 1 age 3-5, Step 2 5-8, Step 3 8-11, Step 4 11-14, Step 5 14-16)* | | | | | **Am I on track for:**  My next Progression Step Assessment/ Achievement Outcome? | | | | | | | **Am I making Expected Progress from my starting point?** | | | |
| **Languages, Literacy & Commmunication** | |  | | | | |  | | | | |  | | | | | | | |  | | | | | Choose an item. | | | | | | | Choose an item. | | | |
| **Maths & Numeracy** | |  | | | | |  | | | | |  | | | | | | | |  | | | | | Choose an item. | | | | | | | Choose an item. | | | |
| **Science & Technology** | |  | | | | |  | | | | |  | | | | | | | |  | | | | | Choose an item. | | | | | | | Choose an item. | | | |
| **Other area/s of learning:** | |  | | | | |  | | | | |  | | | | | | | |  | | | | | Choose an item. | | | | | | | Choose an item. | | | |
| NB: The questions below must be filled in for all children and young people: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Overall am I on track to achieve Age Related Expectations (ARE)?** Choose an item. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Overall am I making Expected 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?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School view:**  *(Please provide a short summary of strengths and any areas requiring or having 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?  (If first PEP put N/A) | | | | |
| **Health & Wellbeing** | | | | | | Choose an item. | | | | | | |  | | | | | | | | | | | | | | | | | | Choose an item. | | | | |
| **Languages, Literacy & Commmunication** | | | | | | Choose an item. | | | | | | |  | | | | | | | | | | | | | | | | | | Choose an item. | | | | |
| **Maths & Numeracy** | | | | | | Choose an item. | | | | | | |  | | | | | | | | | | | | | | | | | | Choose an item. | | | | |
| (Year 7 onwards)  **Science & Technology** | | | | | | Choose an item. | | | | | | |  | | | | | | | | | | | | | | | | | | Choose an item. | | | | |
| **Other area of learning** | | | | | | Choose an item. | | | | | | |  | | | | | | | | | | | | | | | | | | Choose an item. | | | | |
| **Next Steps**  Please link targets set to IDP/ Statement if applicable. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **This term’s SMART targets** – please add a target for each area of learning as required below (Specific, Measurable, Achievable, Realistic, Time limited.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Targets are needed for: | | 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 outcome  for this  intervention | | | | | | | Is PP+ requested this time? | | Cost per hour  *(Please only enter figures)* | | | | | | | Hours per week  *(Enter part hours in decimal e.g. 15 mins = 0.25)* | | | | Cost per term  *(Please only enter figures)* | |
| **Health & Wellbeing** | |  | | | | | | |  | | | | |  | | | | | | | Choose an item. | |  | | | | | | |  | | | |  | |
| **Languages, Literacy & Commmunication** | |  | | | | | | |  | | | | |  | | | | | | | Choose an item. | |  | | | | | | |  | | | |  | |
| **Maths & Numeracy** | |  | | | | | | |  | | | | |  | | | | | | | Choose an item. | |  | | | | | | |  | | | |  | |
| Year 7 onward  **Science & Technology** | |  | | | | | | |  | | | | |  | | | | | | | Choose an item. | |  | | | | | | |  | | | |  | |
| **Other area of learning** | |  | | | | | | |  | | | | |  | | | | | | | Choose an item. | |  | | | | | | |  | | | |  | |