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| **Personal Education Plan (PEP)**  **Specialist Provision: Early Years & 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 Autumn | | | | |
| **Details of Child:** | | | | |
| Family Name | **Smith** | | Given Names | **Samuel** |
| Actual DOB | **25/06/21** | | Likes to be known as | **Sam** |
| Ethnicity | **White-British** | | Gender | **Male** |
| Age | **4** | | Primary Language | **English** |
| UPN | **M12354678932** | | | |
| School Year | **Reception** | | | |
| This PEP Meeting Date | **11/10/2025** | | | |
| Date set for next PEP Meeting | **19/01/2026** | | | |
| 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? | **Yes** | | | |
| Are there any planned transitions this academic year? | **No** | | | |
| If yes, please provide name of nursery/pre-school/school | **N/A** | | | |
| Is this PEP meeting a joint EHCP/ Early Years Inclusion Funding review? | **No** | | | |
| **My Personal Education Plan:** | | | | |
| My Pre-school/Nursery/School is: | **Sunny Days Primary School** | | | |
| My Designated Teacher/Person for looked after children is: | **Joanne Blythe** | | | |
| Their Telephone number and Email: | **03045 341687 j.blythe1234@sunnydays.co.uk** | | | |
| 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)* | **Claire Greene** | | | |
| Their email address is: | **c.greene5678@sunnydays.co.uk** | | | |
| My Key Person is: *(‘Which adult do I spend time with at school/nursery?’ e.g. My class teacher, a learning mentor etc.)* | **Gemma King** | | | |
| Their email address is: | **g.king9012@sunnydays.co.uk** | | | |
| My Social Worker is: | **John Blake** | | | |
| Their Telephone Number is: | **03045 341687** | | | |
| **PEP Meeting** | | | | |
| People who were involved with completing this form: *(please add more rows below if needed)* | | | | |
| Name | Their Role | How to contact them | | |
| **Sam Smith** | **You** | **Through John, your social worker** | | |
| **Claire Greene** | **Your Head Teacher** | **c.greene5678@sunnydays.co.uk** | | |
| **Laura Webber** | **Your Class Teacher** | **l.webber1314@sunnydays.co.uk** | | |
| **Joanne Blythe** | **Your Designated Teacher** | **j.blythe1234@sunnydays.co.uk** | | |
| **John Blake** | **Your Social Worker** | **j.blake@cheshirewestandchester.gov.uk** | | |
| **Philip and Collette Franks** | **Your Foster Carers** | **Through John, your social worker** | | |

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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 or Young person’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*  Sam, you are beginning to communicate with others using a few, single words. From watching you each day, you enjoy school and you come happily into class every morning. You follow all the routines and seem to enjoy most of the activities in school. You like playing with the cars on the car mat and building with bricks. You are beginning to draw pictures and you like to write the ‘number of the week’. | | | | | | | | | | | | | | |
| **What does my weekly routine look like?**  (e.g. attend nursery on particular days, go to the park/swim, etc.) | | | You attend school 5 days a week. | | | | | | | | | | | |
| **Special Educational Needs** | | | | | | | | | | | | | | |
| **Do I have any identified developmental needs?** Yes | | | | | | | | | | | | | | |
| Special Educational Needs/Disability Status  EHCP | | | | | | | | Primary Area of need:  Communication and Interaction  Secondary Area of Need, if applicable:  Cognition and Learning | | | | | | |
| **Do I have a formal diagnosis?** | | | | | | | | **Please state my diagnosis/diagnoses:** | | | | | | |
| *(eg ADHD, Dyselxia, Dyscalulia, Foetal Alcohol Syndrome, Irlens, and/or other)*  Yes | | | | | | | | Sam, you have a diagnosis of Autism Spectrum Condition. | | | | | | |
| **ALN/SEND Strategies and Support** | | | | | | | | | | | | | | |
| **Please supply a summary of the strategies and support in place for me, excluding those funded by Early Years Pupil Premium or Pupil Premium Plus:**  *Where appropriate, please attach a copy of the Provision Map to accompany the PEP.*  Sam, you are supported by a high staff ratio during your day - 3:7  You have Autism provision which includes reduced language, Speech and Language Therapy, visual supports (including PECS).  You have an adapted EYFS curriculum with continuous provision  Staff around you are experienced in autism and trauma strategies which help you  You follow an individualised learning pathway  **Am I being assessed using the Engagement Model?** No  **EHCP/IDP/Top-up review/Early Years Action for Inclusion Fund review date, where applicable:** 23/11/2023 | | | | | | | | | | | | | | |
| **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 |
| 97.8% | 2.2% | | | | 0 | No | | 0 | | 0 | | | 0 |
| **Reduced Timetable** | | | | | | | | | | | | | | |
| **Is the child/young person on a reduced timetable?**  No | | | | | | | | | | | | | | |
| 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* | | | | | | | | | | | | | | |  |  |  |
| **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. | | | | | | | | | | | | | | |  |  |  |

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| **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 where a child is not learning within their age range? | | Are there any referrals to other agencies? e.g. SALT, Paediatrician, Physiotherapist? | |
| Personal, Social and Emotional Development – Self-Regulation | | No | | | No | | | Yes | | Yes | | No | |
| Personal, Social and Emotional Development – Managing Self | | No | | | No | | | Yes | | Yes | | No | |
| Personal, Social and Emotional Development – Building Relationships | | No | | | No | | | No | | Yes | | No | |
| Communication and Language – Listening, Attention & Understanding | | No | | | No | | | Yes | | Yes | | Yes | |
| Communication and Language - Speaking | | No | | | No | | | Yes | | Yes | | Yes | |
| Physical Development – Gross Motor | | No | | | No | | | Yes | | Yes | | Yes | |
| Physical Development – Fine Motor | | No | | | No | | | Yes | | Yes | | Yes | |
| **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 | | No | | | No | | | Yes | | Yes | | No | |
| Literacy – Word Reading | | No | | | No | | | Yes | | Yes | | No | |
| Literacy - Writing | | No | | | No | | | Yes | | Yes | | No | |
| Mathematics - Number | | No | | | No | | | Yes | | Yes | | No | |
| Mathematics – Numerical Patterns | | No | | | No | | | Yes | | Yes | | No | |
| Understanding the World – Past and Present | | No | | | No | | | Yes | | Yes | | N/A | |
| Understanding the World – Culture & Communities | | No | | | No | | | Yes | | Yes | | N/A | |
| Understanding the World – The Natural World | | No | | | No | | | Yes | | Yes | | N/A | |
| Expressive Art and Design – Creating & Materials | | No | | | No | | | Yes | | Yes | | N/A | |
| Expressive Art and Design – Being Imaginative and Expressive | | No | | | No | | | Yes | | Yes | | N/A | |
| **Please comment on progress in relation to areas of development linked to EHCP** | | | | | | | | | | | | | |
| **Communication and Language:**  You are beginning to say a few words to express what you would like, for example “drink,” “more.” You are going to be encouraged to use the PECS symbols at home, like you do in school, so that you can learn some more naming words to express your needs and wants. | | | | | | | | | | | | | |
| **Social and Emotional:**  You are beginning to enjoy sharing some of your toys and learning activities with another child for short times. | | | | | | | | | | | | | |
| **Physical development:**  You are now able to put on your own jumper with only a little bit of help from a familiar adult and you are making steps of progress towards becoming a little more independent. | | | | | | | | | | | | | |
| **Cognitive learning:**  You like to watch what is happening in group sessions and you are beginning to join in when you feel safe and secure. | | | | | | | | | | | | | |
| 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?** No | | | | | | | | | | | | | |
| **Overall am I making progress from my starting point:** Yes | | | | | | | | | | | | | |
| **Are there concerns over my school place?** No | | | | | | | | | | | | | |
| **For children in Nursery 2 and Reception, has the Activity Passport been discussed?** Yes | | | | | | | | | | | | | |
| **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?)*  Sam, you are learning in a class of seven other children and three adults. You enjoy coming to school everyday to learn and play with your friends. You are making small steps of progress by using a few, single words to communicate what you would like or need. These are mostly naming words at the moment such as dog, ball, play. We are encouraging you to use the same PECS pictures at both school and home so that you can learn more words to communicate what you need. You may soon be able to put some words together to create a short sentence for example, “My ball.”  You enjoy making marks to communicate too and you love to use pens and crayons to draw and write single letters or numerals. | | | | | | | | | | | | | |
| **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. | | | | | | | | | | | | | |
| Sam, your carer shared with everyone at the meeting that you are letting everyone know your wants and needs more happily at home and you are beginning to copy other people’s gestures and actions to help them understand what it is you want to say, for example, you will point to a bottle on the kitchen sideboard if you would like a drink or point to a toy if you would like to play with it. You are using some PECS pictures at home; you don’t tend to use them very much yet so school and home are working together to encourage you to do this a little more often.  You watch everything and seem to take it all in. You enjoy colouring and drawing as well as cutting and sticking with the help of an adult. You enjoy playing games with your brother, Ben, playing with your toys and using your imagination. You can, sometimes, become frustrated and flop yourself onto a chair if someone else takes your toys away from you. School and home are going to work on how you might develop your understanding of sharing by playing sharing games such as “to and fro.”  The texture of some foods can sometimes cause you to feel uncomfortable however Mrs Webber told us that she sees you enjoying eating yoghurt, pasta, spaghetti Bolognese, crisps and vegetable soup at school. You also eat beans and rice in school, but Collette said that you prefer not to at home. You will be helped to develop your experience of different foods, their texture and flavours during mealtimes at both school and home.  You sleep well; you go to bed between 7 and 7:15pm every night and fall straight to sleep until 6am. You are beginning to help with your bedtime routine - Collette brushes your teeth first and then you do it by yourself - you don’t really like the taste of toothpaste, but you are doing well with brushing every day. You will soon have a visit to the dentist which will be exciting!  You can become a little upset about toilet times, but you have recently been able to sit on the toilet for two minutes at a time with Collette or Philip not too far away in case you need some reassurance. Sometimes, looking at a book during toilet time helps too. School suggested using the PECS symbols to help you understand the reason for going to the toilet so that you can progress from your nappies.  Sam, you enjoy being out and about outdoors but sometimes you are so excited that you can run off which doesn’t keep you safe, so you need to hold an adult’s hand. You don’t like walking very far, but you are being encouraged to do this more often.  Everyone at your meeting shared how proud they were of you and the progress that you are making. Everyone who supports you would like you to learn a few more words and we are looking forward to celebrating your progress with this in the spring. | | | | | | | | | | | | | |
| **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.)  N/A | | | | | | | | | | | | | |
| **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 PP+ accessed?  **(For Reception only)**  *(If first PEP put N/A)* | |
| N/A This is your first PEP | | | | N/A | | | N/A This is your first PEP | | | | | N/A | |
| **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 outcome  for this intervention | | Is PP+ requested this time?  **(Rec. only)** | Cost per hour  *(Please only enter figures)*  **(Rec. only)** | | Hours per week  *(Enter part hours in decimal e.g. 15 mins = 0.25)*  **(Reception only)** | | Cost per term  *(Please only enter figures)*  **(Rec. 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 | We would like for you to be able to take turns when you play a simple game with a friend, such as rolling a ball back and forth, taking at least 4-5 turns. | | You will have 3 lots of 5-minute sessions with a friend and you will play turn taking games with the help of an adult (TA) | | | You will be able to play a ‘to and fro’ game with friend for 4-5 turns, take turns and each have a go. | | No |  | |  | |  |
| Communication and Language – Listening, attention & Understanding | We would like you to be able to listen to, understand and follow an instruction each day that is just made up of one word. You will be shown a picture to help. | | Speech & Language (SALT) activities with an adult and activities in a small group  You will have help from a TA  You will be shown a picture to help | | | You will be able to follow an instruction each day, that is just made up of one word. | | No |  | |  | |  |
| 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 | We would like you to be able to look some objects and collect them into groups of the same colour. | | * 1. support   group work  TA | | | You will be able to sort objects by their colour  (primary colours consistently and secondary colours at least 60% of the time) | | No |  | |  | |  |