



|                           |  |                  |  |
|---------------------------|--|------------------|--|
| First Name                |  | Surname          |  |
| Also Known As             |  | Date of Birth    |  |
| UPN                       |  | Legal Status     |  |
| Became Looked After       |  | Setting          |  |
| LAC Designated person     |  | Telephone Number |  |
| Social Worker             |  | Telephone Number |  |
| Name and Address of Carer |  |                  |  |

|                                                                                                                                                                                                                 |                 |                   |                      |                         |                          |                                |                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|----------------------|-------------------------|--------------------------|--------------------------------|-------------------------|
| In the boxes below please indicate whether the child is emerging, developing or secure and note the relevant age band (22-36m, 30-50m, 40-60m) and give a brief description of strengths / areas of development |                 |                   |                      |                         |                          |                                |                         |
| Personal, Social & Emotional Development                                                                                                                                                                        |                 |                   | Physical Development |                         | Communication & Language |                                |                         |
| Making relationships                                                                                                                                                                                            | Self confidence | Managing feelings | Moving & handling    | Health & self-care      | Listening & attention    | Understanding                  | Speaking                |
|                                                                                                                                                                                                                 |                 |                   |                      |                         |                          |                                |                         |
|                                                                                                                                                                                                                 |                 |                   |                      |                         |                          |                                |                         |
| Literacy                                                                                                                                                                                                        |                 | Maths             |                      | Understanding the world |                          | Expressive and creative design |                         |
| Reading                                                                                                                                                                                                         | Writing         | Number            | SSM                  | People & communities    | The world                | Technology                     | Exploring & using media |
|                                                                                                                                                                                                                 |                 |                   |                      |                         |                          |                                |                         |
|                                                                                                                                                                                                                 |                 |                   |                      |                         |                          |                                |                         |

|                     |                   |      |     |       |     |
|---------------------|-------------------|------|-----|-------|-----|
| Days of Provision   | Mon               | Tues | Wed | Thurs | Fri |
| a.m.                |                   |      |     |       |     |
| p.m.                |                   |      |     |       |     |
| Possible attendance | Actual attendance |      |     |       |     |
| Comments:           |                   |      |     |       |     |

|                                                                                                                                   |                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>SEN: ADDITIONAL NEEDS</b><br>Special Educational Needs Identified:<br><input type="checkbox"/> Yes <input type="checkbox"/> No | What do the special educational arrangements consist of (please include extra support provided within school/nursery)? |
|                                                                                                                                   |                                                                                                                        |

First Name:

Surname:

**HELLO**  
my name is

**My favourite story is**



I am

years old

**My favourite food is**



**My friend is**

**I like to**

**My favourite toy is**

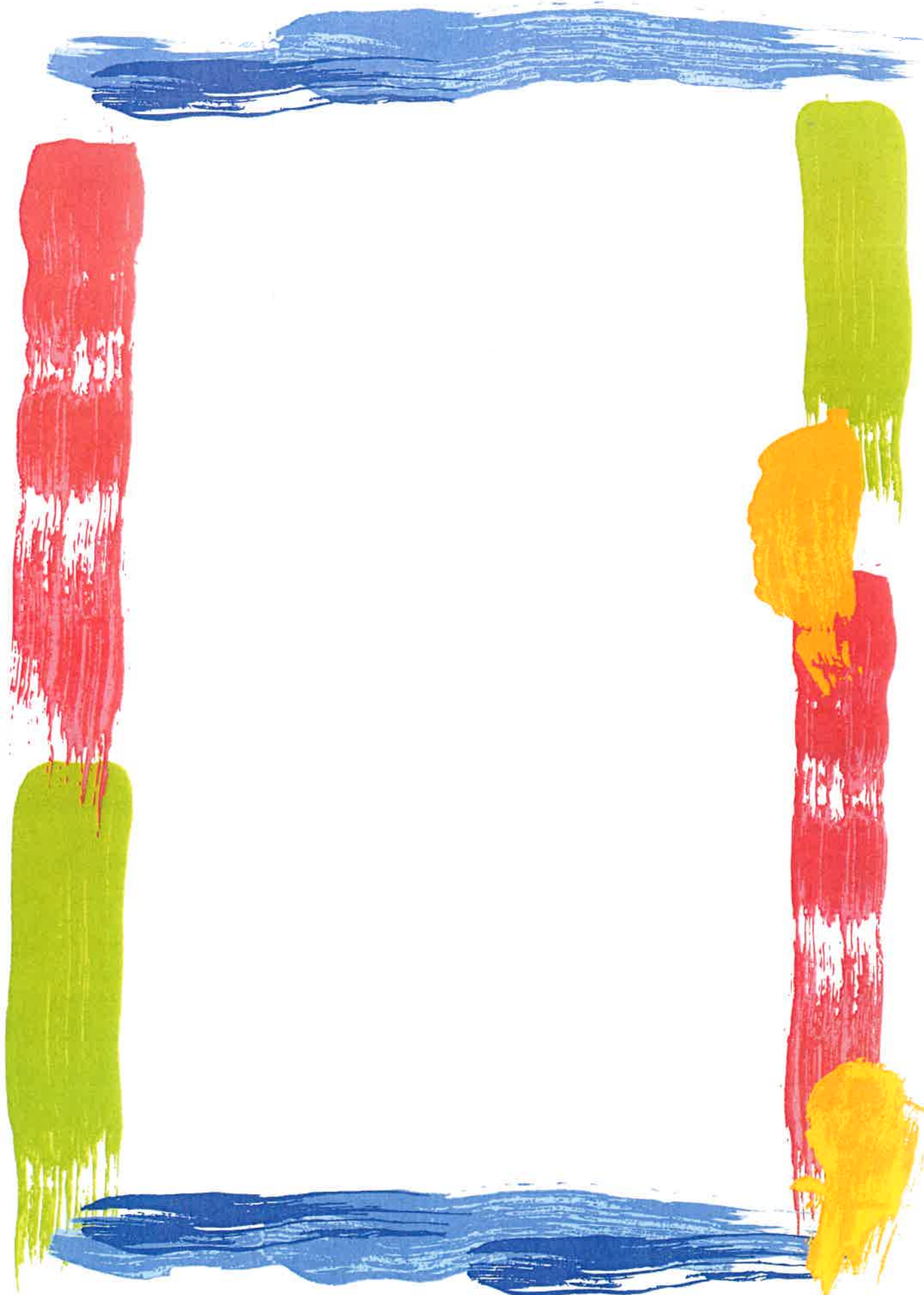


**My nursery makes me feel...**

Please circle



My favourite thing to do at nursery...



|                                   |  |                   |  |
|-----------------------------------|--|-------------------|--|
| PEP Meeting. Record of attendance |  | Date of meeting   |  |
| Young Person                      |  | Designated person |  |
| Carer/Keyworker                   |  |                   |  |
| Social Worker                     |  |                   |  |

Please start the meeting by highlighting this young person's strengths and achievements

| Review Previous Targets | Achieved?<br>(Y/N) | Progress made or comment? |
|-------------------------|--------------------|---------------------------|
|                         |                    |                           |
|                         |                    |                           |
|                         |                    |                           |

Summarise the main issues discussed (e.g. attendance, progress, aspirations)

| Agree new targets | By when | Who will support |
|-------------------|---------|------------------|
|                   |         |                  |
|                   |         |                  |
|                   |         |                  |

Please state how you are spending the Pupil Premium to support this child

|  |
|--|
|  |
|--|

|                    |                            |
|--------------------|----------------------------|
| Signed _____       | Date of next meeting _____ |
|                    | Time _____                 |
| Young person _____ | Location _____             |