



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

Attainment	KS1 result	End of last academic year	Current level / stage / score	End of year expectations	Key Stage 2 Target	Progress towards national expectations is:
Reading						Below ☐ At ☐ Above ☐
Writing						Below ☐ At ☐ Above ☐
Maths						Below ☐ At ☐ Above ☐

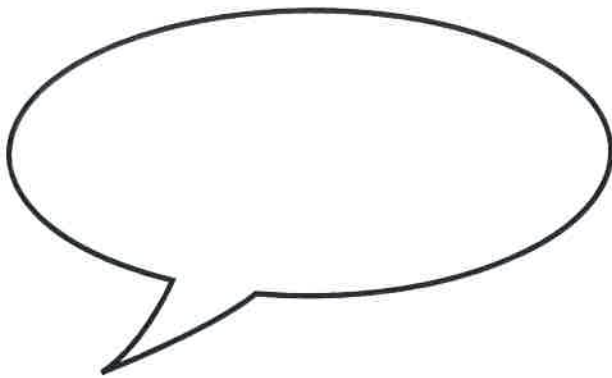
Attendance		Comments:
Last academic year:		
September to date: Unauthorised absence:		

SEN: ADDITIONAL NEEDS Special Educational Needs Identified: ☐ Yes ☐ No	Nature of SEN, if any (tick all that apply)
☐ Additional SEN support	☐ Cognition and learning
☐ Statement of SEN / EHC Plan	☐ Emotional, behavioural and social
☐ Date of statement/plan:	☐ Communication and interaction
	☐ Sensory and physical
	☐ Date of next review:
What do the special educational arrangements consist of (Please include any support provided within school)? 	

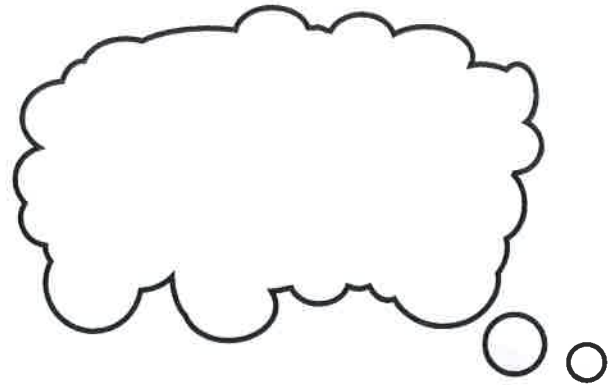
Copy of IEP attached to this PEP: Yes ☐ No ☐



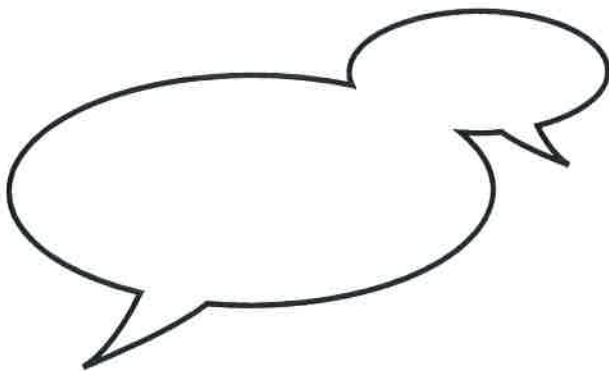
At school I am good at...



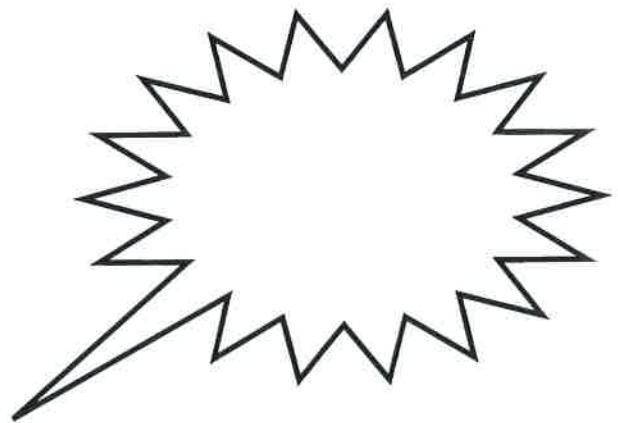
The best thing about school is...



If I could change one thing at school it would be...

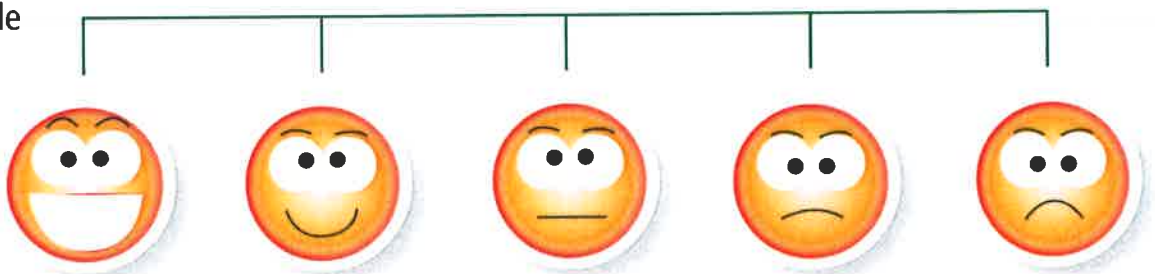


I would like help with...

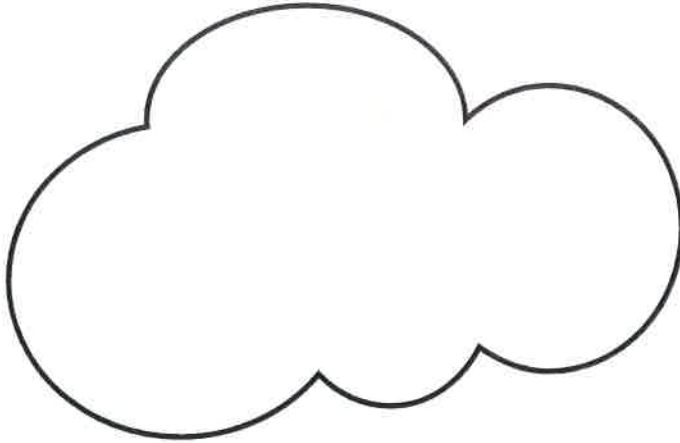
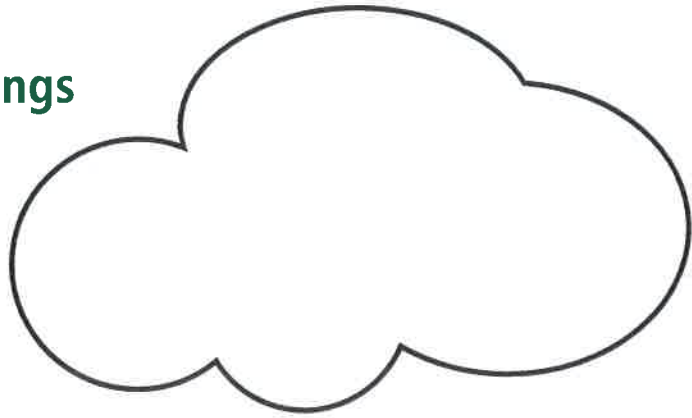


My school is...

Please circle

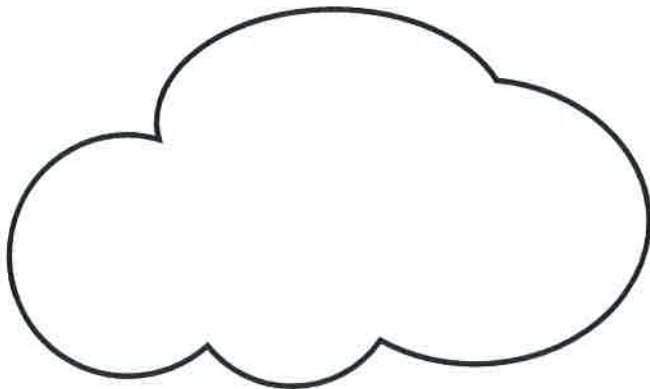
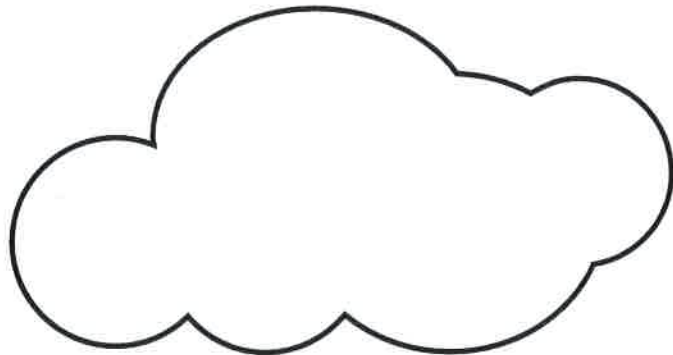


**I like to do these things
on a computer...**



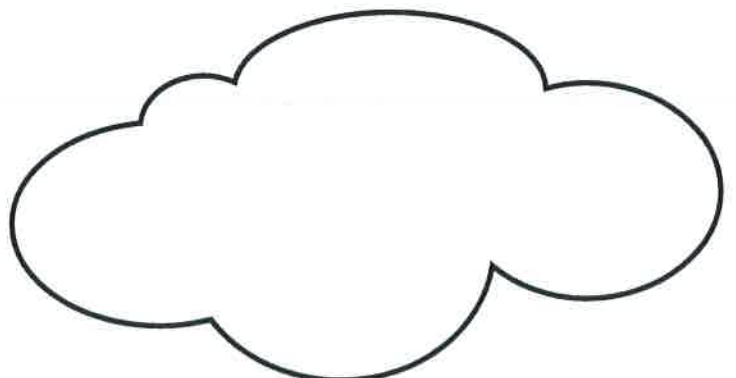
**I am a member of these
groups...**

My friends are...



**Outside of school I enjoy
these activities...**

**When I grow up I would like
to be...**



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

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

Review Previous Targets	Achieved? (Y/N)	Progress made or comment?

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

Agree new targets	By when	Who will support

Are there any additional resources, support or interventions required not funded by the Pupil Premium?

Request:	Cost	
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Signed _____

Date of next meeting _____

Time _____

Young person _____

Location _____