

# Personal Education Plan

My name:

My date of birth:

My age:

My school:

This is my:

*(please tick)*

Year 1 PEP 1

Year 2 PEP 1

Year 1 PEP 2

Year 2 PEP 2

Other (e.g. changes placement, moved school outside normal transition times or newly arrived in UK)

Please specify:

Date of this PEP meeting

Date of next PEP meeting *(To be decided during this PEP meeting)*

To be completed with my  
social worker

## Information about me

**1.1****Name:****Also known as:****Date of birth:****Date entered care:****Current legal status**  
(e.g. full care order, June 2010)**Name of Independent Reviewing Officer (IRO):****Date of next LAC review****Name of person(s) with parental  
responsibility:****Name and contact  
details of allocated  
social worker:****Name address and  
contact details of  
carer:****First language:****Ethnicity:****Does this young person have any cultural requirements?**  Yes  No**If yes, please give details:**

## Health

**1.2** Name and contact details  
of LAC nurse:

Name and contact details  
of GP:

Health needs (include any allergies,  
medication, diagnoses):

Any other health agencies involved  
(e.g. CAMHS, SALT, OT, dentist):

## Permissions and Contacts

**1.3** Include the name of anyone for whom  
contact is prohibited and what position  
school should take if contacted by this person:

Who school should ring in an  
emergency:

Who school will send important  
letters and reports to:

Who will attend parent/carer  
evenings:

Who will attend class assemblies  
and other school events:

**1.4** Who will say I can go on school trips?

Local:

Visits by train/coach:

Overnight:

Out of the county/country:

**2.1**

**Pages 4, 5 and 6 are to be completed with my Designated Teacher or another member of school staff**

*My friends are:*

*In school I like:*

*Things that could be better in school:*

*I'm happy when:*

*I'm good at:*

**Things I want you to know about me**

*Out of school I like:*

*I would like to get better at:*

*When I'm older I would like to:*

*The clubs I belong to and the new things I would like to try:*

## Education

Unique Pupil Number (UPN): \_\_\_\_\_

### 2.2 Attainment

Subject	National Curriculum/P Level		
	Current level	End of year target level	End of KS2 FFT predicted level
English	Reading		
	Writing		
Maths			
Science			

### 2.3 Current Special Educational Need (SEN) information

School Action (SA)

Date of next IEP review

School Action Plus (SA+)

Date of next SEN review

Statement of SEN

No SEN

Detail any SEN information here (e.g. level and type of support, number of hours, name of support assistant):

Date of next SEN review: \_\_\_\_\_

Are these documents attached to the PEP?

I.E.P.

Pastoral Support Plan

Statement of SEN

2.4 Current attendance (%)

Unauthorised absence (%)

Authorised absence (%)

Summarise any exclusions since last PEP review

## School Report

**2.5**

Please attach or summarise the most recent school report here:

## Reviewing previous PEP targets

**2.6**

My previous PEP targets

How did I do?  
Excellent/  
good/  
not so good

What/who helped? If my Personal  
Education Allowance was used to  
help, what difference did it make?

Will this  
continue to  
be one of  
my targets?

My previous PEP targets	How did I do? Excellent/ good/ not so good	What/who helped? If my Personal Education Allowance was used to help, what difference did it make?	Will this continue to be one of my targets?

## Personal Education Plan Meeting

3.1

People present at this meeting	Role

Is the child present at this meeting?

 Yes

 No

If no, who will feed back to the child?

Review and update Part 1 (Information About Me) of this PEP

(Tick once completed)

Ensure all relevant documents (e.g. I.E.P., SEN Statement etc.) are attached to Part 2 (Education) of this PEP

(Tick once completed)

## Points to Discuss

**3.2** My Care Plan (including up to date information on contact arrangements, legal status, placement stability etc.):

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Actions required (e.g. class teacher to know contact arrangements, who is collecting me from school etc.)

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**3.3** My Health Plan (physical and mental health and wellbeing that may impact on learning, including any assessments, diagnoses, therapies or referrals):

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Actions required (e.g. ensure glasses are worn during lessons):

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**3.4**

**Discuss Part 2 – Things I want you to Know About me.**

**Discuss the child's achievements and whether or not s/he is gifted or talented in any area.**

**Discuss the child's current and potential interest in out of school activities and leisure opportunities.**

**Does the child have access to a computer and internet at home?**

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**Actions required (e.g. any extra curricular activities to begin, any extra support required, learning mentor support needed, any computer software required, does the child need a MAX card, leisure card or library membership?):**

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**3.5**

**Discuss Part 2 – Education: Discuss the child's education - is s/he on target? Is the child receiving extra support e.g. TA, English/maths intervention, REACH?**

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**Actions required (e.g. any extra support/intervention needed?):**

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**3.6** Discuss Part 2 – Education: Share and discuss any SEN/AEN update (if appropriate). Include information about any outside agency or partnership referrals; statutory assessment requests; annual reviews etc. Share and discuss any EAL needs (if appropriate).

**Actions required (e.g. refer child to outside agency, request statutory assessments):**

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**3.7** Discuss Part 2 – Education: Discuss attendance at school and whether there is a risk of exclusion. Include information about any support which is in place?

**Actions required (e.g. Refer to EWO, REACH):**

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# PEP Targets

3.8

Discuss Part 2 - Education: Reviewing previous PEP targets. Have the targets been achieved? Do any targets need to continue?

SMART* Target	What will the young person do?	Who will help and how?	How will we know when the target has been achieved?	Will PEA**/Pupil Premium money be used to support this target? If so, how?

\*SMART = Specific, Measureable, Achievable, Realistic, Time Limited    \*\*PEA = Personal Education Allowance

## PEP Agreements and Actions

**3.9****Person** *(name)***What we have agreed to do****Me (young person)****My designated teacher****My social worker****My carer****My parent(s)****My REACH member of staff**

**Designated Teacher/REACH member of staff to send/give copy of PEP to:**

**REACH (Christine Dubber)** *cdubber@wakefield.gov.uk*

**Foster Carer**

**Social Worker**

**School file**

**Date sent**

**Social Worker to send/give copy of PEP to:**

**Independent Reviewing Officer (IRO)**

**Any other people (e.g. parents)**

**Date sent**

**Date, time and venue for next PEP meeting**

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*(transfer this date to the front page of document)*