

**Previously Looked After Children**

**Personal Education Plan**

**Primary**

# To be chaired and completed by school

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| **Name** |  |
| **Date of Birth** |  |
| **School** |  |
| **Year Group** |  |
| **Date of Meeting** |  |
| **EHCP or SEND** | If an EHCP or SEND support is in place, please specify the area of need identified in the plan.  **CI** - Communication and Interaction, **CL** - Cognition and Learning, **SEMH** - Social Emotional and Mental Health, **SPN** - Sensory and/or Physical needs. |

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| **In the event of a move/transition before the next meeting, please invite the Designated Teacher or representative from the next establishment to the meeting.** | | |
| **DATE OF TRANSITION** | **MOVING TO:** | **DESIGNATED TEACHER/ SENCO/**  **CLASS TEACHER / OTHER CONTACT** |
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| **Actions from previous meeting** | **Who** | **Achieved** |
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| **Significant information on early life experiences including in and post care.**  **A brief description of birth family history and siblings (include names if possible), periods in care and attachment experiences.**  **This section should be completed once and then copied to future meetings if appropriate.** |
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| SAFE GUARDING | |
| **Issues concerning contact?**  **Include anyone not allowed contact with the child or young person.** |  |
| **Can the child’s or young person’s image be published on the school website or public documents?** |  |

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| Please consider: | Term | THE SCHOOL DIARY  Please record and describe pupil’s participation, or planned participation, in at least 2 activities per term. Please include photos and what the pupil thought of the activity. | | |
| Curriculum  Assemblies  Residential Visits  School Trips  Clubs  Music Lessons  Sports Day  School Productions  Celebrations  Leavers Service  School Disco  Book Week  Arts Week  School Council  Red Nose Day  Work Celebrations and Achievements  Head teacher’s award | 1 |  | | |
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| **Student Voice:**  Is there any activity or event in school that you would like to be part of? | | | | |
| Matters arising: | | | | |
| Actions: | | | By Who: | By When: |

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| ATTENDANCE AND PUNCTUALITY | | | | | | | | | | | |
| **Student Voice:**  Do you like coming to school?  Are you on time for school in the mornings?  Do you come to school every day?  Does anything worry you about coming to school? | | | | | | | | | | | |
| Overall Attendance |  | Broken weeks |  | Lateness |  | | | Unauthorised Absence | | |  |
| Matters arising: | | | | | | | | | | | |
| Actions | | | | | | | By Who: | | | By When: | |
| BEHAVIOUR AND RELATIONSHIPS  Share strategies which work for the student. Positive and negative patterns of behaviour in school. Positive relationships in school. | | | | | | | | | | | |
| **Student Voice:**  What helps you in class to learn?  Which parts of school life make you feel happy and calm?  What do teachers and other children do which helps you get along with them?  Who would you talk you if you were worried about something in school? | | | | | | | | | | | |
| Strategies which promote positive behaviour, good relationships with teachers and peers and a feeling of safety and security?  Matters arising: | | | | | | | | | | | |
| Actions | | | | | | By Who: | | | By When: | | |

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| ATTAINMENT | | | | | | | | |
| **Subject** | **Attainment at the start of the school year** | **Current attainment** | **End of year target attainment** | **On Track?** | **FFT Target** | **Teacher’s comments**  Including strategies which enable achievement and a positive attitude to learning, any barriers to learning and what is in place to ensure good progress. | | |
| **Writing** |  |  |  |  |  |  | | |
| **Reading** |  |  |  |  |  |  | | |
| **Numeracy** |  |  |  |  |  |  | | |
| **GPS / Phonics**  **(Y1 &2)** |  |  |  |  |  |  | | |
| Areas of strength and good progress?  Areas which require development? | | | | | | | | |
| **Student Voice:**  How are you getting on in class and what have you been learning?  What do you like doing most in class?  What have you done well in school?  What are you good at in school?  What would you like help with? | | | | | | | | |
| Matters arising: | | | | | | | | |
| Actions | | | | | | | By Who: | By When: |

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| ADDITIONAL SUPPORT IN SCHOOL  Consider: All statutory and non-statutory support accessed and available in school. | | |
| **Student Voice:**  What support do you get in school to help you with your learning and/or behaviour?  Is there anything else that school can do to help you learn? | | |
| What additional support is in place to support the student in school and how are the requirements of the EHCP/SEND being met (if applicable)?  Are there potential academic or social and emotional needs which would benefit from further investigation by school and/or an Educational Psychologist?  Matters arising? | | |
| Actions | By Who: | By When: |
| EXTRA CURRICULAR ACTIVITIES AND TRIPS | | |
| **Student Voice:**  What clubs or activities do you attend at school or at home? What trips and visits have you been on?  Are there any clubs, activities or trips that you would like to be part of? | | |
| Matters arising: | | |
| Actions: | By Who: | By When: |

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| NEWS FROM PARENTS/CARERS  Consider: any issues at home which may be affecting school life. | | |
| Matters arising: | | |
| Actions: | By Who: | By When: |
| NEWS FROM OTHER PROFESSIONALS  Consider any involvement from other services that might be affecting school life. | | |
| Matters arising: | | |
| Actions: | By Who: | By When: |

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| PUPIL PREMIUM  Consider: In school support, home tuition, clubs and activities in and out of school, any additional activity which will improve attainment and self-confidence. | | | | | | |
| **Student Voice:**  **Have you had any extra support arranged by school to help you with your learning?** | | | | | | |
| What did you need help with? | What support were you given? | | | How useful was it? | | |
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| **Would you like any support to help you with your learning?** | | | | | | |
| What would you like help with? | What support would you like? | | | How will you know if it works? | | |
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| **Review of previous pupil premium funding spend** | | | | | | |
| Area of curriculum identified for support | Agreed Support | Cost | | | What has been the impact of previous spend? | |
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|  | Total |  | | |  | |
| **Current or future pupil premium spend required** | | | | | | |
| Area of curriculum identified for support | Agreed Support | Cost | | What is the intended impact of spend on pupil outcomes? | | |
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|  | Total |  | |  | | |
| **The £2410 Pupil Premium Plus is delegated to the school budget once the child is registered as adopted in the School Census through the Local Authority.** | | | | | | |
| Actions | | | By Who: | | | By When: |

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| THINKING ABOUT THE FUTURE  What would you like to be when you grow up? | | | | | |
| **Student Voice:**  Please list 3 things that you might like to do when you grow up and say why?  *(Don’t worry – you don’t have to stick to these)* | | | | | |
| Option 1 |  | | | | |
| Why? |  | | | | |
| Option 2 |  | | | | |
| Why? |  | | | | |
| Option 3 |  | | | | |
| Why? |  | | | | |
| Use your imagination, you can be anything you want to be! | | | | | |
| Student Target | | | | | |
| **Student Personal Target** (s)  This may refer to academic targets, extra-curricular activities, attendance, future planning etc. | | How will I achieve this? | Who will help? | | How will I know it’s achieved? |
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| AOB  Please consider: Any additional information and whether the Virtual School needs to be consulted as a result of this meeting? | | | | | |
| **Student Voice:**  Is there anything else that you would like to talk about? | | | | | |
| Matters arising: | | | | | |
| Actions | | | By Who: | By When: | |

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| SUMMARY OF ACTIONS | | | |
| AGREED ACTIONS | | By Who: | By When: |
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| HOME – SCHOOL COMMUNICATION  Please include contact details e.g. email address etc. | | | |
| **Who is the best contact in school for parents to contact?** |  | | |
| **Who is the best person at home for school to contact?** |  | | |

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| PEOPLE INVOLVED IN THIS MEETING | | |
| **Title**  **(Insert as appropriate)** | **Name + Contact details (email and telephone number)** | **Tick if present** |
| **Young Person** |  |  |
| **Parent** |  |  |
| **Designated Teacher** |  |  |
| **Head of Year** |  |  |
| **Class teacher** |  |  |
| **SENCO** |  |  |
| **SEN Case Officer** |  |  |
| **Social Worker** |  |  |
| **Health** |  |  |
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| **Virtual School PLAC** | **Steve Claypoole** Headteacher of the Virtual School 01454 863181  *steve.claypoole@southglos.gov.uk* |  |

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| DATE OF NEXT MEETING:  Review date will be set according to the child’s circumstances e.g. 3 months or 6 months or annually. |
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