

**Previously Looked After Children**

**Personal Education Plan (PEP)**

# Secondary

# 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 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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| ATTENDANCE AND PUNCTUALITY | | | | | | | | | |
| **Student Voice:**  Are you on time in the mornings?  Are you on time for lessons?  Do you attend every day?  Are there certain days or lessons when you do not attend? | | | | | | | | | |
| 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 lessons to achieve and behave well?  Are you ever anxious or worried in school?  Who would you talk you if you needed support or were worried in school?  What helps you to make positive relationships with teachers and other pupils? | | | | | | | | | |
| 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  Consider current attainment, targets, achievement, under achievement, homework, exams, WEX, Timetable | | | | | | | | | | | |
| **Student Voice:**  How are you getting on in lessons and are you achieving?  What are your favourite subjects?  What have you done well in school?  How organised are you in school? Do you complete homework?  Are there any lessons you struggle with?  Who would you talk to if you needed support with lessons? | | | | | | | | | | | |
| **Subject** | **Attainment at the start of the school year** | **Current attainment or flight path (delete as needed)** | | **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. | | | | |
| **Maths** |  |  | |  |  |  |  | | | | |
| **English** |  |  | |  |  |  |  | | | | |
| **Science** |  |  | |  |  |  |  | | | | |
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| Areas of strength and good progress?  Areas which require development? | | | | | | | | | | | |
| Alternative Provision and Work Experience | | | | | | | | | | | |
| Course | | | Provider | | | | | Start & End Dates | | Award/  Outcome | Completed |
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| 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 lessons and/or behaviour?  Is there anything else that school can do to support you? | | |
| What additional support is in place to meet the needs of the student in school and how are the requirements of the EHCP/SEND support 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  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, progress and well-being. | | | | | | |
| **Student Voice:**  **Have you had any extra support arranged by school to help with lessons?** | | | | | | |
| What subject? | What support was put in place? | | | | How useful was it? | |
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| **Would you like any support with lessons to help you get the best grades possible?** | | | | | | |
| What subject? | What support would you like? | | | | How will you know if it is useful? | |
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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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| PLANNING FOR THE FUTURE  . | | | | | |
| **Student Voice:**  Have you had information about careers or a careers guidance interview?  Have you used online careers guidance such as Careers Pilot?  What are your long term goals and what help do you need to plan for them?  Do you know what grades or skills would help you to achieve your goals?  Would you like help setting up Work Experience (Key Stage 4 and post 16)?  Do you have or would you like a part-time job? (Key Stage 4 and post 16) | | | | | |
| **Key Stage 4 and Post 16**  What are the current plans/possibilities for Key Stage 4 or Post 16 Education and Training?  What support is needed to ensure that there is a clear educational/training plan in place?  Matters arising: | | | | | |
| Actions | | | By Who: | | By When: |
| Student Target | | | | | |
| Student Personal Target (s)  This may relate to academic target, 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?** | |  | | |
| PEOPLE INVOLVED IN THIS MEETING | | | | |
| **Title**  **(Insert as appropriate)** | **Name + Contact details (email and telephone number)** | | | **Tick if present** |
| **Young Person** |  | | |  |
| **Parent** |  | | |  |
| **Designated Teacher** |  | | |  |
| **Student Advocate** |  | | |  |
| **Head of Year/House** |  | | |  |
| **Tutor** |  | | |  |
| **SENCO** |  | | |  |
| **SEN Case Officer** |  | | |  |
| **Social Worker** |  | | |  |
| **Health** |  | | |  |
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| **Virtual School** | **Steve Claypoole** Headteacher of the Virtual School 01454 863181  *steve.claypoole@southglos.gov.uk* | | |  |
| TEACHERS’ EMAIL ADDRESSES  Please include, in all cases, the English and Maths Teachers plus any additional emails where relevant, including 1:1 tutors. | | | | |
| **Name** | **Subject** | | **Email Address** | |
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| DATE OF NEXT MEETING:  Review date will be set according to the young person’s circumstances e.g. 3 months or 6 months or annually. |
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