

VIRTUAL SCHOOL PERSONAL EDUCATION PLAN-KS3

Name:		DOB:		REASON FOR PEP MEETING:-	
School Address:		Year Group:		Annual PEP: <input type="checkbox"/>	New admission to care: <input type="checkbox"/>
		UPN:		Change of Placement: <input type="checkbox"/>	
Telephone:		Designated Teacher:		Change of School: <input type="checkbox"/>	
Placement Address:		Ethnicity:		DATE PEP COMPLETED:- ANNUAL REVIEW DATE: SIX MONTHLY REVIEW DATE: PERSON COMPLETING PEP:-	
		Gender:			
Telephone:		Person ID:			
Legal Status:		IRO:			
Out of Local Authority <input type="checkbox"/>		Date of LAC Review			

Attendance at PEP			
Title		Name and phone nos	Contact details (address & e-mail)
Designated Teacher	<input type="checkbox"/>		
Social Worker	<input type="checkbox"/>		
Carer	<input type="checkbox"/>		
Virtual School	<input type="checkbox"/>		
Young Person	<input type="checkbox"/>		
Parents	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

Current plans in place: Individual Education Plan: <input type="checkbox"/> Additional Plans: <input type="checkbox"/> Care Plan: <input type="checkbox"/>
Ensure (if applicable) additional plans are attached

Special Needs:	Current SEN Status:	Annual SEN Review Date:
Cognitive Difficulty: <input type="checkbox"/>	Specific Learning Difficulty: <input type="checkbox"/>	EBD: <input type="checkbox"/>
Autistic Spectrum: <input type="checkbox"/>	Speech and Language: <input type="checkbox"/>	MLD: <input type="checkbox"/>
Sensory: <input type="checkbox"/>	Physical Disability: <input type="checkbox"/>	: <input type="checkbox"/>

Points for Discussion	Comments	Action Required By Whom and Date
School's view a) Young Person's strengths b) Young Person's approach & attitude to learning		
Young Person's view		
Attendance (note total %) No. of sessions late No. of unauthorised absence		
Fixed term exclusions <i>(dates and number of days)</i>		
Permanent exclusions in previous schools <i>(dates)</i>		
School placement history <i>(dates, school names and local authority)</i>		
LAC status and date		

Time without a school placement (<i>dates and reasons</i>)		
If this is a new school placement, what opportunities are being offered to bridge any gaps in learning?		

ASSESSMENT DATA

Foundation Stage Assessment	PS&E Dev.	CLL	PRN	KUW	Physical Dev.	Creative Dev.	FSP Total
KS1 Assessment	Reading Tasks	Reading Comp	Writing Tasks		Spelling	Mathematics	
KS2 Assessment	English Reading		English Writing		Mathematics		Science
KS3 Assessments	English			Mathematics		Science	
Will qualifications be taken in KS3 (please list)							

PERSONAL TIMETABLE (*please attach copy of timetable*)

SUBJECT	TICK BOX	PREDICTED GRADE	ASSESSMENTS	
			CURRENT LEVEL/DATE	END OF YEAR TARGET
English	<input type="checkbox"/>			
Maths	<input type="checkbox"/>			
Science	<input type="checkbox"/>			
Art	<input type="checkbox"/>			
Business Studies	<input type="checkbox"/>			
Drama	<input type="checkbox"/>			
English Literature	<input type="checkbox"/>			
ICT	<input type="checkbox"/>			
Dance/Drama	<input type="checkbox"/>			
Media Studies	<input type="checkbox"/>			
MFL (please specify)	<input type="checkbox"/>			
Music	<input type="checkbox"/>			
PE	<input type="checkbox"/>			
RE	<input type="checkbox"/>			
Textiles	<input type="checkbox"/>			

Food Technology/Catering	<input type="checkbox"/>			
Resistant Materials	<input type="checkbox"/>			
Geography	<input type="checkbox"/>			
History	<input type="checkbox"/>			
Other – Please Specify				

PROGRESS MONITORING		
Progress Monitoring	Comments	Action Required & By Whom
Tracking		
PEP Tracking – 6 monthly review of targets. Request for end of year school report.		
Pupil Premium Allocation (<i>if eligible</i>)		
Support/Interventions in place (e.g. 1:1 tuition): School Virtual School Referral		
Incentives		
Homework		
Carers Involvement	<p><i>Is the carer in regular contact with school staff</i> YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><i>Does the carer attend meetings at school (including Parents' Evenings)</i> YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><i>Does the carer support the young person in learning at home</i> YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Additional Comments:</p>	
Transport to school:-		
Transition Planning <i>options, choices</i>)		
Health (<i>medical needs, health care plan</i>)		

Therapeutic Interventions School/Home – (Frequency/Timespan/ Approval)		
Parental responsibility (contacts)		
Care placement		
Hobbies and interests In school – clubs, teams, music tuition		
Hobbies and interests At home		

INDIVIDUAL TARGETS

Short Term

Target (What)	Action (How)	Responsibility (Who)	Timescale (When)

Long Term (End of Year Targets)

Target (What)	Action (How)	Responsibility (Who)	Timescale (When)

Parents / Carers View

Social Worker's View