

VIRTUAL SCHOOL PERSONAL EDUCATION PLAN-PRIMARY

| | | | | | |
|---|--------------------|---------------------|--|--|---|
| 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: | Interim Care Order | 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"/> | | |
| Parent | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |

Current plans in place: Individual Education Plan: Additional Plans: Care Plan:

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 |
| | | | | | | | | |
| Current Assessments (including date) | | English Reading | | English Writing | | Mathematics | | Science |
| | | | | | | | | |

| 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 (if eligible) | | |
| Support/Interventions in place (e.g. 1:1 tuition): School Virtual School Referral | | |
| Incentives | | |
| Homework | | |
| Behaviour Issues | | |
| 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>(school preference forms, additional transition required)</i> | | |
| Health <i>(medical needs, health care plan)</i> | | |
| Therapeutic Interventions School/Home – (Frequency/Timespan/ Approval) | | |
| Parental responsibility <i>(contacts)</i> | | |
| Care placement | | |
| Hobbies and interests In school – (clubs, teams, music tuition) | | |
| Hobbies and interests At home | Can they swim YES <input type="checkbox"/> NO <input type="checkbox"/> Can they ride a bike YES <input type="checkbox"/> NO <input type="checkbox"/> Do they play a music instrument YES <input type="checkbox"/> NO <input type="checkbox"/> | |

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 |
|-----------------------------|
| |