



# PERSONAL EDUCATION PLAN

## Early Years (0-5)

<b>First Name (s):</b>	
<b>Last name(s)</b>	
<b>Date of Birth</b>	
<b>Current Early Years Provider (childminder, children's centre, setting)</b>	
<b>Current School and Year group:</b>	
<b>Date of PEP Meeting/review :</b>	
<b>Venue:</b>	
<b>Plan No:</b>	
<b>Date of next PEP meeting:</b> (To be agreed at the meeting)	
<b>Date of next LAC review:</b>	
<b>Date of Annual review of Statement (if applicable)</b>	

This form confirms the educational arrangements made for a child in care. It is the educational part of the statutory Looked After Child Review.

The Personal Education Plan sets out the authority's responsibilities, summarises the educational history, outlines the opinions and aspirations of the young person and describes the current educational arrangements.

The PEP meeting is to be organised and led by the Designated Practitioner/ Teacher. The child's Social Worker must be present and have filled in their sections prior to the meeting. If this is the child's first PEP then it should be initiated by the Social Worker.

**Sections A and B should be completed prior to the meeting.**

**Front page and Section C to be completed at the meeting**

**1 Early Years**

## Section A

**To be completed by Social Worker and sent to the Designated Teacher for the early years provider/ school prior to the meeting**

**Key Contact Details:** Adults involved in the PEP meeting (those in bold must be present at the meeting)

	name	Contact information	Invite?	Attended meeting?	Receives PEP?
<b>Child or young person</b>					
<b>Social Worker</b>					
		Address			
		Tel			
		Email Address			
<b>Designated Practitioner/ Teacher</b>					
		School name and address			
		Tel			
		Email			
<b>Foster Carer(s) /Key Worker</b>		Address			
		Tel			
		Email			
<b>IRO</b>		Address			
		Tel			
		Email			
Parent(s) (If appropriate)		Address			
		Tel			
		Email			
Parent(s) (If appropriate)		Address			
		Tel			
		Email			
Other					
Other					

## 2 Early Years

## Section A

To be completed by Social Worker and sent to the Designated Teacher for the early years provider/ school prior to the meeting

### Essential Child Information

#### Personal information

First name:	Family name:	Name known at early years provider/ school:	
Date of birth:	Gender:	Ethnicity:	Religion:
1 <sup>st</sup> Language:	Language Used: Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Swift (Azeus) Number:
Legal Status: <input type="checkbox"/> Care Order <input type="checkbox"/> Interim Care Order <input type="checkbox"/> Voluntary Accommodated <input type="checkbox"/> Other:			
On Child Protection Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No Category:			
Date Accommodated:			
Current placement type:		Local Authority:	
Number of placements:			

#### Permissions

Who will be the first point of contact in an emergency? Name, Tel No	
Who will give permission in medical and health issues?	
Who is permitted to collect the child from the early years provider/ school? Name, Tel No	
Is there anyone who should <b>not</b> have contact with the child? Name and addresses	
Are there any other contact issues e.g. unsupervised contact and communication?	
Actions the early years provider/ school should take if contacted by this person:	
Who will receive and respond to communication from early years provider/ school, including any reports?	
Who will attend consultation sessions?	
Who will give permission for educational trips?	
Who will support with home learning and related issues?	

## 3 Early Years

**To be completed by Social Worker and sent to the Designated Teacher for the early years provider/ school prior to the meeting**

Medical Condition(s) that impact on the child's learning	
Medication (including storage & administration)	
Any ongoing health investigations or assessments	
GP: Name, Practice Name, Address, Tel No	
Health Visitor (for children under 5 years): Name, Address, Tel No	
Date of last Health Assessment	
Other Health Workers: Eg Child and Adolescent Mental Health Team (CAMHS)	

<p>Would the scores from the child's/ young person's most recent Strengths and Difficulties Questionnaire indicate that a referral to CAMHS is appropriate? If so has this taken place?</p>	
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## Section A

**To be completed by Social Worker and sent to the Designated Teacher for the early years provider/ school prior to the meeting**

### Education Record

Previous Early Years Providers (childminders, children's centres, settings), Schools/ Education Providers (Including those before the child became looked after) Provide separate sheet where necessary.

Early Years Providers, School or Educational facility		Designated Practitioner/ Teacher	Dates		Reason for Leaving
Name, address and type	Contact		From	To	
	Phone:  Fax:				<input type="checkbox"/> Phase transfer <input type="checkbox"/> Voluntary transfer <input type="checkbox"/> Change of carer <input type="checkbox"/> Excluded <input type="checkbox"/> Moved House <input type="checkbox"/> Care Plan <input type="checkbox"/> Other
	Phone:  Fax:				<input type="checkbox"/> Phase transfer <input type="checkbox"/> Voluntary transfer <input type="checkbox"/> Change of carer <input type="checkbox"/> Excluded <input type="checkbox"/> Moved House <input type="checkbox"/> Care Plan <input type="checkbox"/> Other
	Phone:  Fax:				<input type="checkbox"/> Phase transfer <input type="checkbox"/> Voluntary transfer <input type="checkbox"/> Change of carer <input type="checkbox"/> Excluded <input type="checkbox"/> Moved House <input type="checkbox"/> Care Plan <input type="checkbox"/> Other
	Phone:  Fax:				<input type="checkbox"/> Phase transfer <input type="checkbox"/> Voluntary transfer <input type="checkbox"/> Change of carer <input type="checkbox"/> Excluded <input type="checkbox"/> Moved House <input type="checkbox"/> Care Plan <input type="checkbox"/> Other
	Phone:  Fax:				<input type="checkbox"/> Phase transfer <input type="checkbox"/> Voluntary transfer <input type="checkbox"/> Change of carer <input type="checkbox"/> Excluded <input type="checkbox"/> Moved House <input type="checkbox"/> Care Plan <input type="checkbox"/> Other
List any periods without a school place giving dates and reasons					
Who is responsible for the child attending an early years provider/ school?					
Other educational professionals currently involved e. g Early Years Support Team, Educational Psychologists, Attendance and Inclusion, etc					

## 5 Early Years

## Section A

**To be completed by Social Worker and sent to the Designated Teacher for the early years provider/ school prior to the meeting**

**Travel Arrangements to and from early years provider/ schools/ other**

Mode of Travel (Route)	Travel Company Used and Contact Details	Single or multiple occupancy	Destination base	M	T	W	T	F

## Section B:

To be completed by Designated Practitioner/ Teacher (DT) prior to the meeting.

### Education and Educational Attainment

#### Current early years provider/school information (complete if applicable):

Child's Unique Pupil Number (UPN)	
Current School: Name, Address, Tel No	
Headteacher	
Designated Teacher	
Key Person	
Date started at present school:	
Please attach the following (if appropriate)	<input type="checkbox"/> Two year progress check <input type="checkbox"/> Attendance record <input type="checkbox"/> Other relevant plan or report: e.g. IEP
Year group: Key stage: Other relevant information e.g. tutor/form group	Please attach the following <input type="checkbox"/> Pupil's timetable <input type="checkbox"/> Attendance record <input type="checkbox"/> Other relevant plan or report: e.g. IEP, PSP
Have educational records been received from the last school?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the young person attending an early years provider/educated outside Bedford Borough?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, with which Local Authority?	
Early Years: Please provide details of type of session the child is attending, to include punctuality, times and frequency.	
Schools: If the child is not in mainstream education and full time education, describe the nature of the provision and access to the curriculum and plans/timescales to provide full time provision	
Current attendance %	
Attendance last year %	
Barriers to attendance and factors affecting the attendance record (Based on SIMS)	
Punctuality?	Excellent 95-100% <input type="checkbox"/> Good 85-90% <input type="checkbox"/> Unsatisfactory 85% or below <input type="checkbox"/>
Is Attendance and punctuality sheet included:	Yes <input type="checkbox"/> No <input type="checkbox"/>
What actions are being taken to address any attendance or punctuality issues?	

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## Section B:

**To be completed by Designated Practitioner/ Teacher (DT) prior to the meeting.**

### Behaviour and Exclusions

Have there been any behavioural issues?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Give details:
Have there been any exclusions since the last PEP?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for exclusion	Type of exclusion	Dates (from / to)
Behaviour or Pastoral Support Plan in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**What provision has been made for any exclusions over 6 days?**

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### SEND/Additional Needs (Please attach any IEPs, Provision Maps or other such documentation)

Does the child have SEND?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the child have other additional needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there is a Statement in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Statement	
Date of the last Annual Review	
Has Statutory Assessment been applied for?	Yes <input type="checkbox"/> No <input type="checkbox"/>
SEND Category if not statemented	
Description of area(s) of need	
Details of additional support provided	

### Additional Funding (please complete as appropriate)

Has Two Year Old funding been accessed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has Three Year Old funding been accessed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How has the Pupil Premium been used to support this pupil?	
Was an application made for 1 to 1 tuition	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes what has been provided?	

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If no, why is 1-1 tuition not felt appropriate?	
Details of any other additional provision (other than for SEND)	
What has the impact been of any additional provision?	
Does the child have access to a computer (with internet access) In school? Out of school?	
Do any volunteers support the education of the child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how does the volunteer(s) support the education of the child?	

### Current support including that from other agencies

Early years providers/ School based support	Details	Expected Outcome/impact
<input type="checkbox"/> Gifted and talented		
<input type="checkbox"/> Clubs & activities		
<input type="checkbox"/> Curriculum support/ tuition		
<input type="checkbox"/> Learning mentor		
<input type="checkbox"/> Additional support for individual needs		
<input type="checkbox"/> CAMHS		
<input type="checkbox"/> Other services (e.g.CDC. EPs etc)		
<b>Out of school based support</b>		
<input type="checkbox"/> Clubs and activities		
<input type="checkbox"/> Tuition		
<input type="checkbox"/> Other services		

### Attitudes to Learning (Please comment)

Relationships with other children	
Relationships with adults	
Barriers to learning (perceived and actual)	
Additional activities, clubs, hobbies?	

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## Section B

To be completed by the Designated Practitioner/ Teacher prior to the meeting

### Educational Progress

#### Assessment information

For children birth to five years old, please refer to the child's family book/ learning journal

#### Historical Attainment (fill in all known attainment to track progress)

Please state whether the child met the expected level of development (2), did not meet the expected level of development (1) or exceeded the expected level of development (3)																	
EYFS Profile	ELG 01	ELG 02	ELG 03	ELG 04	ELG 05	ELG 06	ELG 07	ELG 08	ELG 09	ELG 10	ELG 11	ELG 12	ELG 13	ELG 14	ELG 15	ELG 16	ELG 17

### Current Attainment

To be completed for children from birth to five years old.

Please comment on each Prime area, noting the age band that best describes the child's development.

Personal, Social and Emotional Development		Age/stage band
Physical Development		Age/stage band
Communication and Language		Age/stage band

If applicable, please comment on each Specific area, noting the age band that best describes the child's development

Literacy		Age /stage band
Mathematics		Age /stage band
Understanding the World		Age /stage band
Expressive Arts and Design		Age /stage band

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## Section B

**To be completed by the Designated Practitioner/ Teacher prior to the meeting**

### Transition

Children who are in care may find transition very difficult. They will need more support than other children both within and between early years' providers/ schools.

**Is the child due to change early years provider?** Yes ☐ No ☐

**Is the child due to transfer schools at the end of this year?** Yes ☐ No ☐

**If yes, what additional support has been put in place to make the transition as smooth as possible?**

Recommended actions for transition:

#### **For early years providers:**

Please refer to the EYFS Fact Sheet: Supporting Transitions, Revised by School Standards and Interventions, Bedford Borough Council, March 2013.

Please make sure relevant EYFS documents have been passed on to new providers e.g. Two year check, EYFS Profile report, Transition Information Sheet, learning journals, PEP

#### **School they are leaving:**

PEP sent to new school immediately with needs clearly outlined and targets reviewed so far.

Data to be sent to new school including behaviour, attendance etc.

Goodbye card before he/she leaves, or if an emergency sent to him/her in new establishment.

#### **School they arrive at:**

For Pupil:

Buddy system, name games, information about lunch times, key adult

For staff:

Transition meeting with the old school, carer, DT and Social Worker (Use the PEP to identify needs and interventions that were successful).

Clarify information for all involved – what does the child call the carers, who will collect them, what is their story – key information from the care plan.

## Section C

### To be completed by The Designated Practitioner/ Teacher at the meeting

The new PEP must address both short and long term needs and targets. It should then be circulated by the Designated Practitioner/ Teacher to specified persons and relevant professionals e.g. early years manager, class teacher; tutor etc.

### Pupil's Views

Please refer to and discuss the pupil's views (see pupil voice document to be completed prior to the meeting) Additional comments below

### Parent's / Carer's views

Include attendance, learning and development, well-being, journey to and from early years providers/school, bullying, fears, relationships with adults and children:

Is Child/Young person a member of the local library?	
If the child is aged between birth and five years old, are they a member of their local children's centre?	

## Section C

To be completed by the Designated Practitioner/ Teacher at the meeting

### Review of the Previous PEP

Previous Short term targets, actions • . • • • :	Achieved? Partly? Not Achieved? Comments?	Impact/outcome
Previous long term PEP targets and actions • • • •	Achieved? Partly? Not Achieved? Comments?	Impact/outcome

### Current Strengths, Interests and Needs

Within this section, please refer to the relationships the child has with other children and adults.

#### Summary of strengths and interests

(please note; early years providers may refer to the characteristics of effective learning)

#### Summary of needs/ barriers to learning

(please note; early years providers may refer to the development matters document)

### Current identified learning and development needs and priorities

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## Section C

**To be completed by the Designated Practitioner/ Teacher at the meeting**

### **New PEP Targets/Objectives, Actions, interventions and use of funding**

**Targets should be SMART;** Specific, Measurable, Achievable, Realistic, Time related and based on identified educational needs and priorities. If the child has an Individual Education Plan (IEP), Pastoral Support (PSP) or Transition Plan targets/objectives could refer to those plans, in which case these and any other plans should be attached to the PEP

Short Term (Next 6 months) Targets/Objectives/Goals	Actions/Resources/interventions e.g. Two Year funding, Pupil Premium, 1:1, support with homework, extra curricular activities etc	By whom, when & frequency,	Success criteria/impact measures

Long Term (By end of EYFS/ key stage) Targets/Objectives/Goals	Actions/Resources/interventions e.g. Two Year funding, Pupil Premium, 1:1, support with homework, extra curricular activities etc	By whom, when & frequency	Success criteria/impact measures

## Section C

### To be completed by the Designated Practitioner/ Teacher at the meeting

Issues to be addressed which do not require a target e.g. if the child wishes to attend an after school club, but cannot because of taxi collection.

	Issue	Decisions/actions	By when	By whom
1				
2				
3				

### Next PEP Review

Date	Time	Venue	Person responsible for co-ordinating the meeting

PEP to be circulated by the Designated Practitioner/ Teacher after the meeting to those identified as receiving a copy on the contact list (page 2)

In addition a copy to be sent Janet Elizabeth Machen at Bedford Borough email [JanetE.machen@bedford.gov.uk](mailto:JanetE.machen@bedford.gov.uk) attaching any relevant documentation e.g. IEP, Provision map, SEN review, transfer information sheet etc