



PERSONAL EDUCATION PLAN

Key Stage 1- 2 (5-11 years)

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

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 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

Section A

To be completed by Social Worker and sent to the Designated Teacher at the 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?
Child or young person					
Social Worker		Address Tel Email Address			
Designated Teacher		School name and address Tel Email			
Foster Carer(s) /Key Worker		Address Tel Email			
IRO		Address Tel Email			
Parent(s) (If appropriate)		Address Tel Email			
Parent(s) (If appropriate)		Address Tel Email			
Other					
Other					

Section A

To be completed by Social Worker and sent to the Designated Teacher at the 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 st 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 school? Name, Tel No	
Is there anyone who should not have contact with the child? Name and addresses	
Are there any other contact issues e.g. unsupervised contact and communication?	
Actions the school should take if contacted by this person:	
Who will receive and respond to communication from 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?	

Section A

To be completed by Social Worker and sent to the Designated Teacher at the school prior to the meeting

Medical Information

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)	

Strengths and Difficulties Questionnaires

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?	
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Summary of Care Plan: In brief what are the overall aims and objectives of the Care Plan?

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Background information: Is there any specific information the early years provider/school needs to know in order to meet the child's overall needs

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Section A

To be completed by Social Worker and sent to the Designated Teacher at the school prior to the meeting

Education Record

Previous Early Years Providers, 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 school?					
Other educational professionals currently involved e. g Early Years Support Team, Educational Psychologists, Attendance and Inclusion, etc					

Section A

To be completed by Social Worker and sent to the Designated Teacher at the school prior to the meeting

Travel Arrangements to and from school/ 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 Teacher prior to the meeting

Education and Educational Attainment

Current 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:	
Year group: Key stage: Other relevant information e.g. tutor/form group Please attach the following (if appropriate)	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 educated outside Bedford Borough?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, with which Local Authority?	
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?	

Section B:

To be completed by Designated Teacher 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)

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?	
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 (if not mentioned elsewhere)

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)		
Out of school based support		
<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?	

Section B

To be completed by the Designated Teacher prior to the meeting

Educational Progress

Assessment information

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	EL G 01	EL G 02	EL G 03	EL G 04	EL G 05	EL G 06	EL G 07	EL G 08	EL G 09	EL G 10	EL G 11	EL G 12	EL G 13	EL G 14	EL G 15	EL G 16	EL G 17

If scores were not available in preschool settings, then a description of progress can be given.

Key Stage 1 & 2 End of year attainment (T = target, L = actual level)

YEAR	READING		WRITING		MATHS		SCIENCE		COMMENT
	T	L	T	L	T	L	T	L	
1									
2									
3									
4									
5									
6									

P Scale levels for pupils with SEND working below the level of the National Curriculum

Previous levels Year:	Speaking and listening	Reading	Writing	Number	Communication	PSHE
1						
2						
3						
4						
5						

Section B

To be completed by the Designated Teacher prior to the meeting

Current Attainment

Key stage 1 and 2

	Speaking and listening	Reading	Writing	Phonics (Y1 & 2)	GPS (KS2)	Maths	Science
Year:							
Current level							
Predicted level							
KS Result							

Give the reason if National Curriculum tasks/tests were not assessed in Key stage 1 or 2:

P Scale levels for pupils with SEND who are working below the level of the National Curriculum (add to the most appropriate areas).

	Speaking and listening	Reading	Writing	Number	Communication	PSHE
Year:						
Current level						

Compared to national averages, is the child on track? Yes ☐ No ☐

To be completed by the Designated Teacher prior to the meeting

CAT scores (if taken)		
Verbal		
Quantitative		
Non verbal		
Reading age and standardised score		Test used
Spelling age and standardised score		Test used
Other tests and scores		Test used

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 transfer schools at the end of this year? Yes ☐ No ☐

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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.

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

Clarify information for all involved – what does 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

PEP Planning

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

Pupil's Views

Please refer to and discuss the pupil's views (see pupil voice document to be completed prior to the meeting) Add and 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?	
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Section C

To be completed by the Designated Teacher at the meeting

Review of the Previous PEP

Previous Short term targets, actions <ul style="list-style-type: none">• .••• :	Achieved? Partly? NotAchieved? Comments?	Impact/outcome
Previous long term PEP targets and actions <ul style="list-style-type: none">••••	Achieved? Partly? NotAchieved? 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

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Summary of needs/ barriers to learning

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Current identified learning and development needs and priorities

<ul style="list-style-type: none">•••

Section C

To be completed by the Designated 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. 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. 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 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 in the contact list (page 2)

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