

**Post 16**

**Personal Education Plan**

**2020-21**

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Virtual School Head: Michelle Salter

**Overview**

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| **Name:** |  |
| **Year Group:** |  | **Date of Birth:** |  |
| **In Education, Employment or Training?** | [ ] Education[ ] Employment[ ] Training[ ] NEET\* | **Education, Employment or Training Provider:** |  |
| **SEND:** | [ ] EHCP[x] SEND Support[ ] N/A | **EAL:** | [ ] Y[ ] N |
| **Date and time of this meeting:** |  | **Provisional date and time for next meeting:** |  |

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| **Role** | **Name**  | **Invited to meeting** | **Attended Meeting** |
| Designated Teacher |  | [ ] Y[ ] N | [ ] Y[ ] N |
| Virtual School |  | [ ] Y[ ] N | [ ] Y[ ] N |
| Social Worker |  | [ ] Y[ ] N | [ ] Y[ ] N |
| Personal Adviser |  | [ ] Y[ ] N | [ ] Y[ ] N |
| Foster Carer |  | [ ] Y[ ] N | [ ] Y[ ] N |
| Young Person |  | [ ] Y[ ] N | [ ] Y[ ] N |
|  |  | [ ] Y[ ] N | [ ] Y[ ] N |
|  |  | [ ] Y[ ] N | [ ] Y[ ] N |

*\*If a young person is NEET, this PEP will be supplemented by a NEET Action Plan.*

**Views and Aspirations**

This section of the plan should be completed by the young person and relevant designated teacher/tutor in advance of the PEP meeting. If the young person is NEET, then it should be completed by the Social Worker or Personal Adviser.

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| **Current** |
| **What is going well at the moment?**  |  |
| **What changes/improvements could be made? Are there any changes or challenges you are facing now or that you might face soon?**  |  |
| **What support is available to you?** **Where can you get Information, Advice and Guidance if you need it?**  |  |
| **Future Plans** |
| **What are your future plans for Education, Employment or Training?**  |  |
| **What are your future career aspirations?**  |  |
| **Would you like any support to visit or apply for university?**  |  |

**Progress and Attainment**

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| **Prior Attainment** |
| **Qualification & Subject** | **Achieved** |
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| **Attendance** |
| **Current Attendance:**  |  % |
| **Reasons for absence:** |  |
| **Strategies to improve Attendance:** |  |

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| **Exclusions** |
| **Any Fixed Term Exclusions?**  |  [ ] Y [ ] N |
| **If Yes, give details.**  |  |

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| **Current Progress & Attainment** |
| **Qualification & Subject** | **Current Attainment** | **End of Year Target** | **Progress?** |
|  |  |  | [ ] Below[ ] At[ ] Above |
|  |  |  | [ ] Below[ ] At[ ] Above |
|  |  |  | [ ] Below[ ] At[ ] Above |
|  |  |  | [ ] Below[ ] At[ ] Above |

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| **Feedback and Discussions** |
| **Attitude to learning** |
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| **Relationships with others** |
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| **Other achievements including extracurricular** |
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| **Other issues or difficulties which impact on learning** |
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**Targets**

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| **Review of previous SMART Targets** |
| **SMART Target** | **Specific actions and interventions planned** | **Who will monitor & by when?** | **Envisaged Outcome** | **Outcome/Progress** |
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| **New SMART Targets** |
| **SMART Target** | **Specific actions and interventions planned** | **Who will monitor & by when?** | **Envisaged Outcome** |
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| **Spring Term Only – Strengths & Difficulties Questionnaire** |
| **SDQ Score:** |  | **Date of SDQ:** |  |
| **Notes (including intervention required if needed):** |
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**Additional Information**

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| **Care Status Information** |
| **Care Status** | [ ] S20[ ] ICO[ ] FCO[ ] Care leaver | **Placement** | [ ] Foster Care[ ] Shared Lives[ ] Supported[ ] Semi-independent[ ] Other |
| **Notes** |
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| **SEND Information** |
| **SEND Status** | [ ] EHCP[ ] SEND Support[ ] N/A | **Primary Need** | [ ] Communication & Interaction[ ] Cognition & Learning[ ] SEMH[ ] Sensory and/or Physical Needs |
| **Consulted with provider?**  | [ ] Y[ ] N | **Annual Review due date:** |  |
| **LA with Financial Responsibility:** |  | **LA holding plan under Belonging Regs:** |  |
| **Notes** |
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| **EAL Information** |
| **EAL** | [ ] Y[ ] N | **First Language** |  |
| **Proficiency in reading in First Language**  | [ ] Unable [ ] Basic[ ] Competent[ ] Fluent | **Proficiency in writing in First Language**  | [ ] Unable [ ] Basic[ ] Competent[ ] Fluent |
| **Proficiency in English** | [ ] New to English [ ] Early acquisition[ ] Developing competence[ ] Competent[ ] Fluent |
| **Notes** |
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|  | **Signed** | **Date** |
| **Plan completed by:** |  |  |
| **Social Worker approved:** |  |  |
| **Virtual School approved:** |  |  |