# PERSONAL EDUCATION PLAN EYFS

| Name | | Unique Pupil Number | |
|---|---|---|---|
| D.O.B | | Carefirst I.D | |
| Current Year Group | *Put setting name and name of 'phase' eg pre-school or toddlers etc Or YN/YR FS1/FS2 – depending upon title of age group* | | |
| Frequency of attendance e.g. part time/full time | *Write attendance pattern* | | |

SW completes these

## Date of PEP Review Meeting:

*Initial meeting/ review date*

Has a setting/school report been issued since the last PEP meeting?     Yes ☐     No ☐
If yes please attach.

Has the child had the progress check at age two?     Yes ☐     No ☐

Has an Ages and Stages Questionnaire been completed?  *2y/4y  ASQ check* Yes ☐     No ☐

## Latest Attainment

| Areas of learning | Personal, Social & Emotional Development | Physical Development | Communication & Language |
|---|---|---|---|
| Current development band | *Write either the aspects summary or area of learning summary overview* | *Eg separate M&H band/ HSc band or PD overview* | |

| Areas of learning | Literacy | Mathematics | Understanding the world | Expressive arts & Design |
|---|---|---|---|---|
| Current development band | | | | |

Is the child showing a typical development for their age?     *Eg match DM band and chronological age*

What additional provision is in place in relation to these areas?
*Routines/ environment/teaching and learning*
*Eg aspects where the child's development band summary and chronological age are different – outline the support to develop this aspect or to extend and embed learning where the child shows a strong competence in the aspect area*
*Suggestions for in-setting support and home learning*
*Use the Development Matters guidance and signpost the 'What to expect, when?' document from 4Children [www.foundationyears.org.uk]*

**Use of Pupil Premium Money if eligible:**

**Further information:  Match use of EYPP for LA with their needs: how have you chosen to spend EYPP for this child – with input from carer and key people involved in the child's care and learning.**
*See Education Foundation Entitlement Early Years Toolkit for research based tools and impact [such as Self-regulation strategies ] https://educationendowmentfoundation.org.uk/resources/early-years-toolkit/*
*Early Education https://www.early-education.org.uk/how-spend-your-eypp*
* / https://www.early-education.org.uk/measuring-impact-eypp-funding*
*SEED Research*
*https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/586474/SEED-Experiences_of_the_Early_Years_Pupil_Premium_-_RR645.pdf*

# Attendance

| **Current attendance** (number of sessions out of sessions): *actual sessions matched to possible sessions booked to attend* | **For school age children** Unauthorised attendance (number of sessions): |
|---|---|
| **Authorised absence (number of sessions):** | |
| **Reasons for absences (number of sessions):**   *You will need to follow up non-attendance.* | |

| Exclusions | Reason | Date | No of sessions lost |
|---|---|---|---|
| **Fixed** | | | |
| **Permanent** | | | |

Is there a pastoral support plan (e.g. IBP/Positive Handling Plans)? If so please attach: ☐ Yes ☐ No

| **Further information (including any specific targets):** |
|---|
| *Support for child and carers to ensure regular attendance. Adaptions by the setting to support this.* |
| **When are the parent/carer consultation sessions or special events during the course of this academic year?** |

# Personal Education Plan Review

| People present at the meeting: | |
|---|---|
|  | |
| | |
| | |
| | |
| | |
| | |
| | *Listening as a way of life NCB / Mosaic approach…use photos/ pictures/ transcript/ etc Separate form for this aspect.* |

**Have the child's views been gathered?  Yes ☐   No ☐**
**If so please attach**

**Who supported the child to complete this?** | *Consult with child to get their views*

# Out of School/Setting Learning

★ **What are the child's interests?**


★ **Has the child got access to a computer at home?  Yes ☐  No ☐**
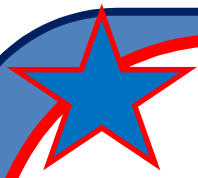
★ **Has the child got access to a safe outdoor play area?  Yes ☐  No ☐**

**Additional information and comments:**

*Information gathered from conversations with child/ carer*

# Reviewing previous PEP targets

| Previous PEP Targets | Progress | What helped or might help the child? (including use of Pupil Premium if eligible) | Will this continue to be a target YES/NO |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

# Getting ready for

# Transition to Setting/Primary School/Key Stage 1/Class/Room

**If there is a change of setting please include details of any transition support plan.**

| ★ **Discuss implications for curriculum planning, adult and peer relationships, routine/environmental changes and any specific plans to support the child** |
|---|
| **Specify any additional arrangements for the child:**  **eg trigger points and managing difficult moments for the child.** |

**Has the request for a school place been submitted (if necessary)?**

**Who submitted this form?**

# Setting new PEP SMART* targets

| Target | What will be achieved? | Who will help and how? | Success criteria | If eligible please indicate if Pupil Premium funding will be used to support this target. |
|---|---|---|---|---|
| May not have this number of targets at first meeting/ PEP | Child's review of targets too | | | |
| | | | | |
| | | | | |
| | | | | |

\*   Smart = Specific, Measurable, Achievable, Realistic, Time Limited
\*\* Pupil Premium

# Personal Education Plan

**Additional Information:**

**Date, time and venue for next PEP Review meeting:**

**Date, time and venue of next Looked After Child  Review:**

| | | | |
|---|---|---|---|
| **Date became Looked After** | | | |
| **Care Status** | | | |
| **Placement Type** | | | |
| **Name and contact details of carer(s)** | | | |
| **Name of Independent Reviewing Officer** | | | |
| **Name of Social Worker** | | **Team** | |
| **Name of LACES/ Virtual School/ Outreach Team Worker** | | | |
| **Name of School/Setting** | | | |
| **Name of Designated Member of Staff for LAC** | | | |
| **Name of Key worker** | | | |
| **Local Education Authority** | | | |

| | |
|---|---|
| **Previous PEP Review Dates** | |

**Number of any care placements changes in the current phase [EYFS]**

| | |
|---|---|
| **Special Education Needs Status** | |
| **Primary Special Education Need** | |

**Has an IEP or IBP been produced this term** ☐ Yes ☐ No

**Please state current targets** *Align multiple plans rather than repeat*

**If the pupil has a statement or a single education health and care plan, when is the next Review Meeting?**

| | |
|---|---|
| **Child's First language** | |
| **Ethnicity (refer to guidance as appropriate)** | |

**Is this child an Unaccompanied Asylum Seeking Minor?**  Yes ☐  No ☐

**Does this child have any cultural requirements?**  Yes ☐  No ☐

| | |
|---|---|
| **If yes please give details** | |

# Health ✚

| | |
|---|---|
| **Named LAC Nurse** | |
| **Name of GP** | |
| **Diagnosed Health needs (include any known allergies and medication)** | |
| **Health agencies involved (e.g. CAMHS, LAATCH, SALT, OT, Counsellor): with names and details of any appointments.** | |

# Contents and Permissions

| | |
|---|---|
| **Who will setting/school ring in an emergency?** | |
| **Who will setting/school send letters and reports to?** | |
| **Who will come to parent/carer consultation sessions?** | |
| **Who will come to setting/school events?** | |

| | |
|---|---|
| **Who will give permission for trips?** | |

**Is permission granted for the taking of photos of the child?**  Yes ☐  No ☐

| | |
|---|---|
| **If yes, where is the permission recorded?** | |