

**CONFIDENTIAL**

**PLAC PEP - Personal Education Plan**

**for Previously Looked After Children - Non Statutory**

To be completed jointly by parents/guardians, school and other professionals where appropriate

|  |  |
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| **PLAC Meeting Date:** |  |

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| --- | --- |
| **Student Name:** |  |
| **Date of Birth:** |  |
| **School Name:** |  |
| **Year Group:** |  |
| **Date of school admission:** |  |

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| **SEN Code: (please tick)** | | |
| None | SEN Support (K) | Education Health and Care Plan EHCP |

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| **Names of Parents/Guardians:** |  |
| **Date of Order (SGO/Adoption/CAO):** |  |
| **Age of child at point of Order:** |  |

**Parents/Guardians have agreed that copies of this A-PEP can be stored on school file and shared with:**

**Team around the child: (including previous support)**

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Name, Role and Contact details | Dates of involvement  (Tick ✓ if current) | Attended meeting  Y/N |
| Child / Young person |  | N/A ✓ |  |
| Parent / Guardian |  | N/A ✓ |  |
| Class Teacher |  |  |  |
| SENCO / Designated Teacher |  |  |  |
| Other School representative |  |  |  |
| Adoption Team Representative |  |  |  |
| Education Representatives |  |  |  |
| Social Care Representatives |  |  |  |
| Health Representatives |  |  |  |
| Family Support Services |  |  |  |
| Other |  |  |  |

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| **Significant background information** (e.g. brief description of birth family history, periods in care, attachment experiences) | |
| **Indicate where any further or more detailed information can be found** (e.g. document held by parents or in school file that is available to specific members of staff). | |
| **Child / Young Persons Views:** | |
| **Their strengths?** | **Their interests?** |
| **What they find challenging?** | **What help might be supportive?** |

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| **Parent / Guardians Views:** | |
| **Their child's strengths?** | **Their child's interests?** |
| **What their child finds challenging?** | **What help might be supportive for their child?** |

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| **Academic Progress and Attainment** |
| **Comments about academic progress in all subjects: Is the child / young person making good progress?** |
| **Comments about progress in all other areas: Is the child / young person making good progress?** |
| **Team Around the Child's Views:** |
| **Areas of success:** |
| **Identified Difficulties / Barriers to Learning:** |
| **Summary of any other meeting discussions:** |

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| **How is Pupil Premium Plus being spent in school?** |

**Previous Targets (for review meetings)**

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| **Target 1** | **Action Required** | **People Responsible** | **Has the Target been Achieved? How?** |
|  |  |  |  |
| **Target 2** |  |  |  |
|  |  |  |  |
| **Target 3** |  |  |  |
|  |  |  |  |

**New target areas for supporting the child / young person**

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| --- | --- | --- | --- | --- |
| **Target 1** | **Action Required** | **People Responsible** | **By When**  Select Date | **Success Measure** |
|  |  |  |  |  |
| **Target 2** |  |  |  |  |
|  |  |  |  |  |
| **Target 3** |  |  |  |  |
|  |  |  |  |  |

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| **Completed and Agreed By:** | **Signature** | **Date** |
| **Child / Young Person** |  |  |
| **Parent / Guardian** |  |  |
| **School Representative (please state role)** |  |  |

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| **Next Review** |  |
| **Date:** |  |
| **Time:** |  |
| **Venue:** |  |