**Special School Personal Education Plan**

**Child’s Views**

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| **Well Being**How do you feel whilst you are at school? What makes you feel good in school? Is there anything that doesn’t make you feel good? |  |
| **Achievement**What do you do well in school? Is there anything you feel proud of? Is there anything you need help with? |  |
| **Attendance**Do you go to school every day and arrive on time? |  |
| **Support**Who helps you in school? Who would you go to with a problem? What can you do if you need support with your learning? Would you like any more help in school? |  |
| **Relationships**Who are your friends? Which adults do you like spending time with? Which adults help you? |  |
| **Aspirations** (if secondary)what are you wanting to study/train in when you leave Y11? |  |

**Review of Previous PEP Targets**

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| **Short Term Targets** |
| **Previous PEP Targets** | **Impact of the actions** | **Has the success criteria been achieved Y/N** | **If the success criteria has not been met, what needs to happen next?** |
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| **Medium Term Targets** |
| **Previous PEP Targets** | **Impact of the actions** | **Has the success criteria been achieved Y/N** | **If the success criteria has not been met, what needs to happen next?** |
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**Education Profile**

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|  | **Current School Level** | **Target Levels** | **At age related expectations?****(delete as appropriate)** |
| **English Language**  |  |  | AboveAt ExpectedBelow |
| **English Literature** |  |  | AboveAt ExpectedBelow |
| **Maths** |  |  | AboveAt ExpectedBelow |
| **Science** |  |  | AboveAt ExpectedBelow |
| **Comprehension reading age**(where appropriate) |  |  | AboveAt Expected Below  |
| **Accuracy reading age**(where appropriate) |  |  | AboveAt Expected Below |
| **Rate/ speed reading age**(where appropriate) |  |  |  |
| **Spelling age**(where appropriate) |  |  | AboveAt Expected Below |
| **Please add additional rows for subjects below** |  |  |  |

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| **Please complete if the above categories are not appropriate** | **Starting age** | **Current age/level** | **Key Start starting point** | **End of key stage target** |
| **Cognition and learning** |  |  |  |  |
| **Communication and Interaction** |  |  |  |  |
| **Social, Emotional and Mental Health** (where appropriate) |  |  |  |  |
| **Sensory and or Physical** |  |  |  |  |

**New Targets**

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| **Short Term Targets**  |
| **Target (SMART)** | **Action – what will you do? Who will do it? When will they do it?** | **Success criteria - what will you see?** | **Pupil Premium Plus****Bursary (cost linked to target)** |
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| **Medium Term Targets (Linked to outcomes from the EHCP)** |
| **Target (SMART)** | **Action – what will you do? Who will do it? When will they do it?** | **Success criteria - what will you see?** | **Pupil Premium Plus****Bursary (cost linked to target)** |
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**Special Educational Needs and Disability**

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| **What is the child’s Primary Special Educational Need and Disability?** |  |
| **Recent assessments of educational needs e.g. Boxhall** |  |

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| **Education Summary**Education Summary including current attendance, behaviour and achievement points / merits |  |
| **Inclusion Arrangements**Include any Alternative Provisions, Partial Timetable arrangements or periods of Exclusion |  |
| **Extra-curricular activities and transition plans** (where appropriate) |  |

**Attendees (to be completed following PEP Meeting)**

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|  | **Name** | **Role/Agency** |
| **Targets Agreed at PEP meeting by** |  |  |
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| **Was the Child/Young Person invited to contribute to the PEP Meeting?** |  |
| **Did the Child/Young Person attend the PEP meeting?** |  |
| **If the Child/Young Person did not attend who will review the outcome with the child?** |  |

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| **Date of next PEP** |  |