**Early Years Foundation Stage 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? |  |

**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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| **Characteristics of Effective Learning** | **How child learns** |
| By playing and exploring   * Finding out and exploring * Using what they know in their play * Be willing to have a go |  |
| Through active learning   * Be involved and concentrating * Keeping on trying * Enjoying what they set out to do |  |
| Be creating and thinking critically   * Having their own ideas * Using what they already know to learn new things * Choosing ways to do things and finding new ways |  |

**Expected Progress - Is the child/Young Person making expected progress**

**Please state whether the child is making expected progress or more than expected progress in the following areas:**

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| **LITERACY** | |
| **Comprehension** | |
| In comparison to Age Related Expectations | Yes/No |
| In comparison to prior attainment | Yes/No |
| **Word Reading** | |
| In comparison to Age Related Expectations | Yes/No |
| In comparison to prior attainment | Yes/No |
| **Writing** | |
| In comparison to Age Related Expectations | Yes/No |
| In comparison to prior attainment | Yes/No |

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| --- | --- |
| **MATHEMATICS** | |
| **Number** | |
| In comparison to Age Related Expectations | Yes/No |
| In comparison to prior attainment | Yes/No |
| **Numerical Patterns** | |
| In comparison to Age Related Expectations | Yes/No |
| In comparison to prior attainment | Yes/No |
| **If the answer is NO to any of the above questions please record what support will be put in place in new targets** | |

**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**  **(cost linked to target** |
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| **Medium Term Targets (to next review)** | | | |
| **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**  **(cost linked to target)** |
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**Special Educational Needs and Disability**

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| **Does the child have a Special Educational Need and Disability? (Yes or No)** |  |
| **If not at a Bradford school, is the child on SEND Support or EHCP?** |  |
| **Which SEND Code of Practice stage is the child at?** |  |
| **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** |  |