**Post 16 Personal Education Plan**

**Review of Previous PEP Targets**

|  |
| --- |
| **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?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **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?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Long Term Targets** |
| **Is the child/young person on track to meet the long term targets?** |  |
| **If not, what actions are you putting in place to help achieve these targets** |  |
| **Is the child/young person on track to reach their end of year targets** |  |

**Education Profile**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course/Subject** | **Current level** (if using school system please attach an explanation) | **Target Level** | **On track to meet expected target****Y/N** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**New Targets**

|  |
| --- |
| **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/****Bursary (cost linked to target** |
|  |  |  |  |

|  |
| --- |
| **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/****Bursary (cost linked to target** |
|  |  |  |  |

|  |
| --- |
| **Long Term Targets (to the end of the school year)** |
| **Target (SMART)** | **Action – what will you do? Who will do it? When will they do it?** | **Success criteria - what will you see?** | **Pupil Premium/****Bursary (cost linked to target** |
|  |  |  |  |

|  |
| --- |
| **Extended/out of school targets** |
| **Target (SMART)** | **Action – what will you do? Who will do it? When will they do it?** | **Success criteria - what will you see?** |
|  |  |  |

|  |
| --- |
| **General Behaviour** |
| **Issues** | **Action – what will you do?**  | **Who will do it?**  | **When will they do it?** |
|  |  |  |  |

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

|  |
| --- |
| **Any Comments** |
|  |
| **Transition Plans - where appropriate** |
|  |

|  |
| --- |
| **Child’s views** |
| **Well Being – Are you happy and settled in your course/training? Is there anything you find difficult?** |  |
| **Achievement – Do you feel that you are making progress?** |  |
| **Attendance – Do you attend regularly? If not what stops you from attending?** |  |
| **Barriers to learning – Do you think there is anything that holds you back from attending and focussing on training?** |  |
| **Support – do you feel you need any extra support with learning or engagement? What do you think would help?** |  |
| **Relationships – Who do you get on well with? Do you have any worries?** |  |
| **Goals and Aspirations – What is your current overall goal, do you feel this is achievable? Do you have a plan to achieve it?** |  |

|  |
| --- |
| **Planning** |
| **Plan Revision** |  |
| **Plan effective from** |  |
| **Date of Next PEP** |  |