



First Name:		Surname:	
Also Known as:		Date of Birth:	
School:		UPN:	
Tel No:		Become looked after:	
LAC Designated Teacher:			
Social Worker:		Tel no:	
Name of Carer:			
Current Address:			
Legal Status:		Date of LAC review:	

In the boxes below indicate profile points and a brief description of strengths/weaknesses

Personal/Social/Emotional			Communication/Language/Literacy				Mathematical Development		
D&A	SD	ED	LCT	LSL	R	W	NLC	C	SSM
Creative Development			Knowledge and understanding the world				Physical Development		

Days of Provision	Mon	Tues	Wed	Thurs	Fri
a.m.					
p.m.					
Possible attendance				Actual attendance	
Comments:					

SEN: ADDITIONAL NEEDS Special Educational Needs Identified: <input type="checkbox"/> Yes <input type="checkbox"/> No	What do the special educational arrangements consist of (please include extra support provided within school/nursery)?

Part 2 To be completed with the child

HELLO
my name is



My favourite toy is



My favourite food is

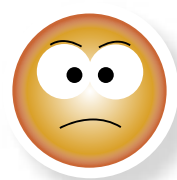
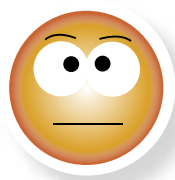


My friend is

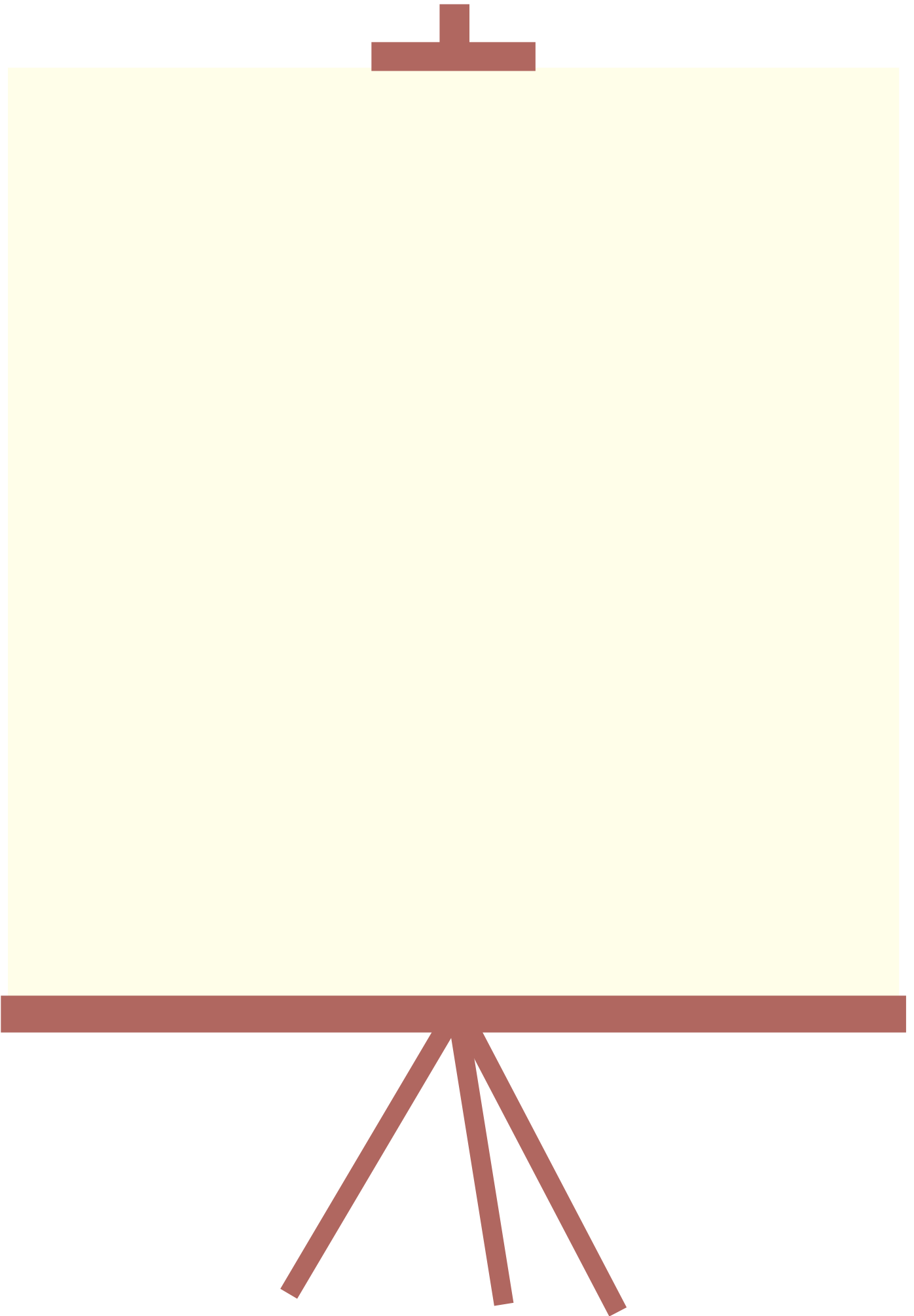
I like to play

My nursery is

Please circle



You can use this space to draw a picture



PEP Meeting

Date of meeting:

Present at the Meeting	Print Name
Young Person	
Carer / Keyworker	
Social Worker	
Designated Teacher	

Outline the young person's strengths and achievements

Review Previous Targets

Target	Achieved?	Progress made against target

Summary of discussion

Agree New Targets

Are there any resources, support or additional interventions necessary?

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