



Please submit to: [pep.documentation@southtyneside.gov.uk](mailto:pep.documentation@southtyneside.gov.uk) - Any queries, please contact: [shelley.wold@southtyneside.gov.uk](mailto:shelley.wold@southtyneside.gov.uk)

PERSONAL DETAILS			
First Name:		Surname:	
Also known as:		Age in Months:	
CLA Start Date:		UPN:	
School:		School Tel No:	
LAC Designated Teacher:			
Social Worker:		Tel No:	
Name of Carer:			
Current Address:			
Legal Status:		Date of LAC review:	

Present at the Meeting (Tick if in attendance):	Print Name:
Young Person <input type="checkbox"/>	
Carer/Keyworker <input type="checkbox"/>	
Social Worker <input type="checkbox"/>	
Designated Teacher <input type="checkbox"/>	
Other <input type="checkbox"/>	
Date of Meeting	

Attendance and Exclusion (Please attach attendance certificate):	
Current Attendance (%):	
Exclusions:	At risk of permanent exclusion? Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of suspensions:	
Interventions to prevent exclusions:	
Comments:	

SEN - Additional Needs:	Nature of SEN, if any (Tick all that apply):	
Special Education Needs identified? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type	Range (1-7):
Support <input type="checkbox"/> EHCP <input type="checkbox"/> Top up <input type="checkbox"/>	Cognition & Learning <input type="checkbox"/>	
Date of next annual review	SEMH <input type="checkbox"/>	
Educational Psychologist referral made by school? Y <input type="checkbox"/> N <input type="checkbox"/>	Communication & Interaction <input type="checkbox"/>	
Other Agencies Y <input type="checkbox"/> N <input type="checkbox"/>	Sensory & Physical <input type="checkbox"/>	



## PUPIL SHEET

Things that are going well in school/I am proud of...	The clubs that I attend in school...
My hobbies and interests outside of school are...	Yes or No...?
	I have a quiet place to study at home      Yes <input type="checkbox"/> No <input type="checkbox"/>
	I have my own laptop                                      Yes <input type="checkbox"/> No <input type="checkbox"/>
	I use the internet at home                              Yes <input type="checkbox"/> No <input type="checkbox"/>
	I have friends at school                                      Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are part of a team/club please name them:	

<b>Enter the relevant number in box provided opposite:</b> 1 - All of the time    4 - Almost never 2 - Most of the time    5 - Never 3 - Sometimes	I like school	
	I have good attendance	
	I'm always on time to school	

I'd like my school to help me with:	How will this look...
Revision <input type="checkbox"/>	
Study skills <input type="checkbox"/>	
Attendance <input type="checkbox"/>	
Exams <input type="checkbox"/>	
This subject (specify) <input type="checkbox"/>	
Behaviour <input type="checkbox"/>	
Homework <input type="checkbox"/>	
Other (specify) <input type="checkbox"/>	

Other things I would like to say about my school and my education are...

## ADDITIONAL INFORMATION

Other assessment information:

Other agencies Involved:

Pastoral:

Interventions in place:

## REVIEW, PLANNING, TARGETS AND PP SPEND

### Review previous targets

Target	Achieved?	Progress made against target

Agree New Targets	Who will help?

### Resources, support or additional interventions accessed in school.

For additional requests, please submit PP Intervention Request Form. Please tick if attached.

A Provision Map **MUST** be attached showing Pupil Premium spend. Please tick the box to confirm.

Total spend:

£

Completed by:

Date: