



Please submit to: pep.documentation@southtyneside.gov.uk - Any queries, please contact: 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"/>	

ACADEMIC

Prior Attainment:	Reading:	SPAG:	Maths:
KS2 Raw Score			

These are the subjects I am studying:	Qualification Level	Current Level (1-9)	KS4 Predicted end grade (1-9)

CAREERS

I would like to go to	College <input type="checkbox"/>	Sixth Form <input type="checkbox"/>	Apprenticeship <input type="checkbox"/>	Employment <input type="checkbox"/>	
I would like to go to University	Yes <input type="checkbox"/>			No <input type="checkbox"/>	Not Sure <input type="checkbox"/>
I have attended the Choices Programme	Yes <input type="checkbox"/>			No <input type="checkbox"/>	
The subject I would like to study in the future is:					
The careers I am interested in are:					
I have attended a careers appointment	Yes <input type="checkbox"/>			No <input type="checkbox"/>	
I required another careers appointment	Yes <input type="checkbox"/>			No <input type="checkbox"/>	

WORK EXPERIENCE

Completed Work Experience: (Give details):
I would like Work Experience in one of the following areas:

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:	

Enter the relevant number in box provided opposite: 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 would like some help 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:

Transition - Next phase:

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: