**Personal Education Plan**

**Early Years**

**Name:**      

**CCM ID:**      

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Birth: | | | Provision: | | | | | | | |
| Designated person at Pre School/Nursery/Playgroup: | | | | | | | | | | |
| Social Worker: | | | | | | | | | | |
| Carer: | | | | | | | | | | |
| Independent Reviewing Officer: | | | | | | | | | | |
| **Date of PEP Meeting:** | | | | | | | | | | |
| **Below to be To be completed by Social Worker prior to meeting** | | | | | | | | | | |
| **Core Information** | | | | | | | | | | |
| **Name of young person** |  | | | | | Male |  | Female |  | |
| Date of Birth |  | | | | | Legal Status |  | | | |
| Ethnicity |  | | | | | Language |  | | | |
|  |  | | | | |  |  | | | |
| Early Years Provision Name |  | | | | | Year Group |  | | | |
| Address |  | | | | | Designated Person |  | | | |
| Tel No. |  | | | | | Key Contact |  | | | |
|  | | | | | | | | | | |
| Social Worker |  | | | | | Team |  | | | |
| Address |  | | | | | Tel No. |  | | | |
|  | | | | | | | | | | |
| Care Placement Type **(Please tick box as appropriate)** | | | | | | | | | | |
| Foster Care | | | |  | Connected Person Foster Carer | | | | |  |
| Parent | | | |  | Children’s Home | | | | |  |
| Educational/Residential Unit | | | |  | Other (please state) | | | | | |
|  | |  | | |  | |  | | | |
| Carer/Keyworker | |  | | | Parent/s | |  | | | |
| Address | |  | | | Address | |  | | | |
| Tel No. | |  | | | Tel No. | |  | | | |
|  | |  | | |  | |  | | | |
|  | | | | |  | | | | | |
| Other Agencies Involved | | | | | Name of Key Contact | | | | | |
|  | | | | |  | | | | | |
|  | | | | |  | | | | | |
|  | | | | |  | | | | | |

**My Views**

|  |  |
| --- | --- |
| Image result for toy story clip artImage result for toy story clip artMy favorite toys | The things I like doing best at Pre School/Nursery/Playgroup |
| Image result for toy story clip artImage result for toy story clip art | Image result for school clip art |
| My friends | Things at Pre School/Nursery/Playgroup that make me feel sad or worried |
| Image result for friends clipart | **Image result for worried animal clipart** |
| What I want to be when I grow up | What I like to do |
| Image result for fireman and woman clipartImage result for policeman clipart | Image result for activities clipartImage result for football player clipart |

|  |  |
| --- | --- |
| **Education & Learning** | |
| Is the child a library member? If so, how often do they go to the library? |  |
| Which playgroups does the child attend currently?  Please give details. |  |
| Please give details of any organized groups or activities the child participates in outside of school/nursery. |  |
| Please give details of any playgroups or other early years settings the child has attended in the past. |  |
| What do the carers do to support and develop the child’s interests at home? |  |

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| Are there any issues in reaction to education or development which are causing difficulty and need to be addressed? |
| Details: |

|  |  |  |
| --- | --- | --- |
| **Please attach report from, preschool setting.** | | |
| **Areas of leaning** | | Comment on strengths |
| **Personal, Social and Emotional Development** | **Disposition & Attitudes** |  |
| **Social Development** |  |
| **Emotional Development** |  |

|  |  |
| --- | --- |
| **This PEP will be reviewed in six months time on or around**  **Date:**  **Please email completed copies and attachments for distribution of this PEP to:**  The RHELAC Team,  **PEPsANDPUPILPREMIUMREQUESTS@northtyneside.gov.uk** | |
|  | **PLEASE TICK BOX FOR DISTRIBUTION AS APPROPRIATE** |
| Early Years Provider  Name:  Address: |  |
| Carer/ Residential Key Worker  Name:  Address: |  |
| Young Person (if applicable)  Address: |  |
| Independent Reviewing Officer (IRO)  Name: |  |
| If IFA Placement  Agency Name:  Address: |  |

**Jane Pickthall**

**Head of The Virtual School for Looked After Children**

The RHELAC Team

North Tyneside Council

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Langdale Gardens

Wallsend

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