**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 |

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| **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:       |

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

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| **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 ProviderName:      Address:       |       |
| Carer/ Residential Key WorkerName:      Address:       |       |
| Young Person (if applicable)Address:       |       |
| Independent Reviewing Officer (IRO)Name:       |       |
| If IFA PlacementAgency Name:      Address:       |       |

**Jane Pickthall**

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

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