

Personal Education Plan

For Looked After Children and Young People
Working Together to Raise Achievement



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SECTION 1 – Continued

CONTACT DETAILS	
Title	Name & Details if appropriate
Mother	
Father	
Step Parent(s)	
Foster Carer(s)	
Kinship Carer(s)	
Residential Social Worker (Key Worker)	
Named Contact Person at School/Education/Training Provider	
Education Welfare Officer (EWO)	
Special Education Needs Co-ordinator (SENCO)	
Other(s)	
Who will be the first point of contact for school/education/training provider in an emergency?	
Give details of more than one contact person in order of preference:	
Any restrictions/issues concerning contact?	
Who will respond to communications from School/Education/Training Provider, including school reports?	
Who should be invited to parent's evenings, open nights, meetings?	
Who should give permission for school/education/Training provider trips and other agreements?	

SECTION 1 – Continued

Child/Young Person Full Name:	Date of Birth:
CONCLUSIONS & TARGETS will inform Section 7 Targets and Planning for the next LAC Review	
A. Critical to success will be our ability to maintain the achievements and work towards aspirations of the child/young person. Can you please highlight areas to be consolidated and built on?	
B. Having reviewed and analysed the information you have provided, state clearly your future targets for education/training? (Areas for development/improvements)	
C. What action and by whom do you recommend to achieve the above targets?	

Please reflect the following in your recommendations:

1. If the child/young person has an Individual Education Plan any targets should refer to that plan and not replicate their details.
2. Transition arrangements between key stages should be detailed in this section.
3. All other transitions/changes should be detailed e.g. change of school, secure accommodation, out of Trust placements.
4. Test/exam special arrangements if required.
5. List actions/recommendations to encourage support and develop social skills, self esteem, relationships, behaviours and motivation.

PLEASE NOTE (1) PEP will be shared with all Contributors (2) content of PEP may be discussed a LAC Review which you are welcome to attend. A good practice principle allows for a meeting to be devoted to the completed PEP.

Signed:

Date:

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SECTION 2 – Personal Education Plan - TO BE COMPLETED BY NAMED CONTACT PERSON – SCHOOL/EDUCATION/TRAINING PROVIDER.

Only complete the parts relevant to child/young person’s age and circumstances.

Please return to Social Worker by.....

Name of School/Education/Training Provider:			
Name of Principal/Director/Manager:			
Contact Number(s):			
Board Area:	Current Key Stage:	Year Group:	Hours per week: (if not full time)
Date of Admission to School/Education/Training Placement:			
Is the child/young person repeating a school year? If so please provide details			
Previous Schools: continue on separate sheet if necessary			
School Name:	Date of Admission:	Date of Leaving:	Reason for Leaving:
Name of person completing form and position held:			
1. Special Educational Needs			
Does this child have a statement of Special Educational Needs?		Yes Go to 1a	
		No Go to 1b	
1a			
When was the Statement issued?		Date of last annual review of the Statement:	
If child/young person is Stage 5 of the Code of Practice (Statemented) please summarise the recommendations:			
Which Education & Library Board maintains the statement?			
1b			
Where a child/young person is undergoing an Assessment of Special Educational Needs:			
Please indicate (circle) the stage of the Code of Practice:		1 2 3 4	

Note: This form must not be emailed or faxed at any time.

SECTION 2 – Personal Education Plan - TO BE COMPLETED BY NAMED CONTACT PERSON – SCHOOL/EDUCATION/TRAINING PROVIDER.

If the child/young person is at Stage 4 of the Code of Practice, please provide details:	
Has the school/education/training provider made a referral to Education & Library Board Services or other support services outside of school/education/training provision for the child/young person?	
(e.g Literacy programme, educational psychologist, behaviour support service, education welfare service, counselling, emotional support, bereavement etc)	Yes/No
If 'Yes' please provide further details, including date:	
1c	
Please indicate if, in the past, the child/young person has been:	
(i) Referred for a statement of Special Education Needs	Yes/No
(ii) Covered by a statement of Special Education Needs	Yes/No
If 'Yes' give brief reasons	
Does the child/young person have an Individual Education Plan?	Yes/No If 'Yes 'please attach
2. Additional Educational Needs	
Does the child/young person have any additional educational needs? (e.g. Literacy, numeracy, behaviour, emotional, bereavement etc)	Yes/No If 'No go to 3
If 'Yes' please give an overview of these needs	
Does the child/young person have an Individual Education Plan?	Yes/No If Yes please attach

Note: This form must not be emailed or faxed at any time.

SECTION 2 – Continued.

3. Post 16 (Special and Additional Needs)

If the young person is continuing in education, commencing training or employment, post 16, will he/she continue to need or require additional adjustments? If adjustments are required, please provide details:

Would these strategies/additional adjustments mirror those identified in SEN or final Individual Education Plan (IEP)?

Please attach current IEP to this report

4. History of child/young person's Attendance

Primary School Attendance History %

Primary 1	Primary 2	Primary 3	Primary 4	Primary 5	Primary 6	Primary 7

Secondary School Attendance History %

Year 8	Year 9	Year 10	Year 11	Year 12

Current Academic Year Attendance

Actual attendance (days)	
Possible attendance (days)	
Number of unauthorised absences	
Number of authorised absences	
Reasons for absences: e.g. illness, medical appointment, school refusal	

Please Attach Current Registration Certificate

Note: This form must not be emailed or faxed at any time.

SECTION 2 – Continued.

5. Behaviour Management:		
Has the child/young person had any detentions this academic year? Yes/No If yes attach Behaviour Management Log		
Please provide details of any behaviour management strategies currently in place:		
6. Suspensions & Expulsions:		
Has the child/young person had any suspensions this academic year? Yes/No If 'Yes' please give details:		
Date(s) of suspension	No of school days	Reason(s) for Suspension
From: / / /to / /		
From: / / /to / /		
From: / / /to / /		
From: / / /to / /		
Has the child/young person ever been expelled? Yes/No If 'Yes' please give details:		
Date(s) of expulsion	Reason(s) for Expulsion	
From: / / /to / /		
From: / / /to / /		
From: / / /to / /		
From: / / /to / /		
Continue on separate sheet if necessary		
Is the child/young person currently in the process of being expelled? Yes/No		

Note: This form must not be emailed or faxed at any time.

SECTION 2 – Continued.

If 'Yes' please give reason(s):

Is there an Appeal in progress? Yes/No

7. Parent/Carer/Residential Home Support

Please comment on the level of educational support provided by the parent/carer and their engagement with the school.

8. Key Stage Attainment/Progress

Note: For the first PEP document complete **all** key stage attainments achieved.

For subsequent PEP documents complete relevant key stage section only.

Key Stage	Page to be completed
1	10
2	11
3	12
4	13

If Key stage testing has not yet been undertaken please complete:

- Child/Young Persons expected attainment.
- Teacher Assessment including whether the child's attainment is commensurate with their ability
- Other measures of progress at this stage
- If Child/Young Person was not assessed at key stage, please state briefly the reason

Note: This form must not be emailed or faxed at any time.

SECTION 2 – Continued.

Key Stage 1

Note: Pupils in Irish Medium Schools and Units will be assessed in Irish only no assessment will be made in English until Key Stage 2

	Childs expected attainment	Results
Communication - Assessed in English		
Talking & Listening		
Reading		
Writing		
Communication - Assessed in Irish		
Talking & Listening		
Reading		
Writing		
Using Mathematics		
Processes in mathematics		
Number		
Measures		
Shape & Space		
Handling Data		
Using ICT (from 2012/13 only)		

Teacher Assessment including whether the child's attainment is commensurate with their ability:

Other measures of progress at this stage:

If child/young person was not assessed at Key Stage 1, please state briefly the reason:

Only complete current Key Stage

Note: This form must not be emailed or faxed at any time.

SECTION 2 – Continued.

Key Stage 2

Note: Pupils in Irish Medium Schools and Units will be assessed in Irish and English

	Childs expected attainment	Results
Communication - Assessed in English		
Talking & Listening		
Reading		
Writing		
Communication - Assessed in Irish		
Talking & Listening		
Reading		
Writing		
Using Mathematics		
Processes in mathematics		
Number		
Measures		
Shape & Space		
Handling Data		
Using ICT (from 2012/13 only)		

Teacher Assessment including whether the child's attainment is commensurate with their ability:

Other measures of progress at this stage:

If child/young person was not assessed at Key Stage 2, please state briefly the reason:

Only complete current Key Stage

Note: This form must not be emailed or faxed at any time.

SECTION 2 – Continued.

Key Stage 3

Note: Pupils in Irish Medium Schools and Units will be assessed in Irish and English

	Childs expected attainment	Results
Communication - Assessed in English		
Talking & Listening		
Reading		
Writing		
Communication - Assessed in Irish		
Talking & Listening		
Reading		
Writing		
Using Mathematics		
Processes in mathematics		
Number		
Measures		
Shape & Space		
Handling Data		
Using ICT (from 2012/13 only)		

Teacher Assessment including whether the child's attainment is commensurate with their ability:

Other measures of progress at this stage:

If child/young person was not assessed at Key Stage 3, please state briefly the reason:

Only complete current Key Stage

Note: This form must not be emailed or faxed at any time.

SECTION 2 – Continued.

9. Strengths MUST be completed for all Key Stages			
Areas	Very Good	Satisfactory	Needs to Improve
Co-operation with teachers			
Co-operation with other pupils			
Contributes well to class discussion			
Able to follow instructions			
Use and care of equipment			
Works independently			
Organisational skills			
Behaves in a safe and sensible manner			
Completion of homework			
Friendships with other children/young people			
Notes/comments:			
CONFIDENTIAL			

Note: *This form must not be emailed or faxed at any time.*

SECTION 2 – Continued.

Child/Young Person Full Chosen Name:	Date of Birth:
CONCLUSIONS & TARGETS will inform Section 7 Targets and Planning for the next LAC Review	
A. Critical to success will be our ability to maintain the achievements and work towards aspirations of the child/young person. Can you please highlight areas to be consolidated and built on?	
B. Having reviewed and analysed the information you have provided, state clearly your future targets for education/training? (Areas for development/improvements)	
C. What action and by whom do you recommend to achieve the above targets?	

Please reflect the following in your recommendations:

1. If the child/young person has an Individual Education Plan any targets should refer to that plan and not replicate their details.
2. Transition arrangements between key stages should be detailed in this section.
3. All other transitions/changes should be detailed e.g. change of school, secure accommodation, out of Trust placements.
4. Test/exam special arrangements if required.
5. List actions/recommendations to encourage support and develop social skills, self esteem, relationships, behaviours and motivation.

PLEASE NOTE (1) PEP will be shared with all Contributors (2) content of PEP may be discussed a LAC Review which you are welcome to attend. A good practice principle allows for a meeting to be devoted to the completed PEP.

Signed:

Date:

Note: This form must not be emailed or faxed at any time.

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CONFIDENTIAL

Note: *This form must not be emailed or faxed at any time.*

SECTION 3 – Personal Education Plan - TO BE COMPLETED BY CHILD/YOUNG PERSON.

Please return to Social Worker by.....

Your Full Name:	Date of Birth:
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Your views about School/Education/Training

The things I'm good at or like:

The things I do not enjoy or find difficult and may need help with are:

People I get on well with at my education/training placement are:

SECTION 3 – Continued

I would like to learn more about:

When I leave education/training I would like to:

Things I like to do when I am outside of education/training are:

SECTION 3 – Continued

Anything else you would like to say about your learning and education/training:

CONCLUSIONS & TARGETS will inform Section 7 Targets and Planning for the next LAC Review

Thinking about your future what Targets would you recommend for the LAC Review to consider to help/support/assist you to do well at school/education/training?

PLEASE NOTE (1) PEP will be shared with all Contributors (2) content of PEP may be discussed a LAC Review which you are welcome to attend. A good practice principle allows for a meeting to be devoted to the completed PEP.

Use extra sheets if you need more space

Signed by child/young person:

Date

Signed by Supporting Adult if appropriate:

Date:

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SECTION 4 – Personal Education Plan - TO BE COMPLETED BY PARENT(S).

Please return to Social Worker by.....

Child/Young Person Full Name:	Date of Birth:
Does your son/daughter seem content at school?	Yes/No
Please comment:	
Are there any education/training issues which concern you e.g. reading or writing, homework, friendships? What action should be taken to support your son/daughter?	
What has gone well for your son/daughter's education/training since the last Looked After Review?	

SECTION 4 – Continued

CONCLUSIONS & TARGETS will inform Section 7 Targets and Planning for the next LAC Review

Any other comments or targets you would like the LAC Review to consider in relation to your son/daughter's education?

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Signed:

Date:

SECTION 5 – Personal Education Plan - TO BE COMPLETED BY CARER/RESIDENTIAL SOCIAL WORKER

Please return to Social Worker by.....

Child/Young Person Full Name:	Date of Birth:
Carer/Residential Social Worker's Name:	
Does the child/young person seem content at school/education/training placement?	Yes/No
If 'No' please comment:	
What is going well with the child/young person's current school/education/training placement?	
Have you had any difficulty getting the child/young person to attend school/education/training placement?	Yes/No
If 'Yes: a) How frequently does this happen?	

SECTION 5 – Continued.

b) Are you aware of the reason(s) why? Please state

Are there any issues which concern you – e.g. reading or writing difficulties, not understanding/completing homework, not getting on with friends and or teachers/tutors?

Does the child/young person have access to a computer outside of school/education/training placement to support education?

Yes/No

SECTION 5 – Continued.

Can you explain the type of contact you have with the school/education/training placement?

In what way do you support the child/young person's out of school activities/hobbies?

SECTION 5 – Continued.

Child/Young Person Full Name:	Date of Birth:
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CONCLUSIONS & TARGETS will inform Section 7 Targets and Planning for the next LAC Review

A. Critical to success will be our ability to maintain the achievements and work towards aspirations of the child/young person. Can you please highlight areas to be consolidated and built on?

B. Having reviewed and analysed the information you have provided, state clearly your future targets for education/training? (Areas for development/improvements)

C. What action and by whom do you recommend to achieve the above targets?

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Please reflect the following in your recommendations:

1. If the child/young person has an Individual Education Plan any targets should refer to that plan and not replicate their details.
2. Transition arrangements between key stages should be detailed in this section.
3. All other transitions/changes should be detailed e.g. change of school, secure accommodation, out of Trust placements.
4. Test/exam special arrangements if required.
5. List actions/recommendations to encourage support and develop social skills, self esteem, relationships, behaviours and motivation.

Signed:

Date:

SECTION 6 – Personal Education Plan - TO BE COMPLETED BY THE EDUCATION WELFARE OFFICER

Please return to Social Worker by.....

Child/Young Person Full Name:	Date of Birth:
Child/Young Person current address:	Gender: M/F
Education Welfare Officer Name:	
Address:	
Contact Number(s):	
Education & Library Board:	
School/Education/Training Provider Year group:	
Provide an overview of your intervention with the child/young person – (reason for referral and action taken)	

SECTION 6 – Continued.

Please detail any referrals to Education & Library Board Services or other support services outside of school/Education & Library Board provision for the child/young person

Service:	Details

Additional Support, e.g. Support Teacher, Youth Worker, Care about Learning Service and others. Please give further details and attach relevant documentation.

Support:	Details

Extra pages can be attached.

SECTION 6 – Continued.

Child/Young Person Full Name:

Date of Birth:

CONCLUSIONS & TARGETS will inform Section 7 Targets and Planning for the next LAC Review

A. Critical to success will be our ability to maintain the achievements and work towards aspirations of the child/young person. Can you please highlight areas to be consolidated and built on?

B. Having reviewed and analysed the information you have provided, state clearly your future targets for education/training? (Areas for development/improvements)

C. What action and by whom do you recommend to achieve the above targets?

PLEASE NOTE (1) PEP will be shared with all Contributors (2) content of PEP may be discussed a LAC Review which you are welcome to attend. A good practice principle allows for a meeting to be devoted to the completed PEP.

Please reflect the following in your recommendations:

1. If the child/young person has an Individual Education Plan any targets should refer to that plan and not replicate their details.
2. Transition arrangements between key stages should be detailed in this section.
3. All other transitions/changes should be detailed e.g. change of school, secure accommodation, out of Trust placements.
4. Test/exam special arrangements if required.
5. List actions/recommendations to encourage support and develop social skills, self esteem, relationships, behaviours and motivation.

Signed:

Date:

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SECTION 7

PEP to be presented to LAC Review for consideration

TARGETS & PLANNING FOR LAC REVIEW

Targets and planning is critical to the compilation of a purposeful PEP, therefore this section **must** be completed by the Social Worker who compiles all contributions contained in the `Conclusions and Recommendations section` completed by all Contributors.

Please note: As a good practice principle a Meeting can be devoted to this PEP (Section 7) prior to the LAC Review.

TARGET/GOAL	ACTION	BY WHOM	OUTCOME..... REVIEW DATE

Please reflect the following in your targets/plans.

1. If the child has an Individual Education Plan (IEP) the targets should refer to that plan and not replicate their details.
2. Transition arrangements between key stages should be detailed in this section.
3. All other transitions/changes should be detailed e.g. change of school, secure accommodation, out of Trust placements.
4. Test/exam special arrangements if required.
5. List actions to encourage support and develop social skills, self esteem, relationships, behaviour and motivation.
6. Details of transfers between teams e.g. FIS to LAC; LAC to 16+ Pathway

Date completed: _____

Signed by Social Worker: _____

Signed by child/young person: _____