

Personal Education Plan (PEP) for Children/Young People Previously in Care

Brighton & Hove
Virtual School



School/Setting:

Staff Name:

Role:

Child/Young Person	Name:	DOB:	Year Group?
Child/Young person's perspective:		<i>Like/dislikes at school, what's going well/ things that are bothering me, what helps, what next?</i>	
Parent/Carer:	Name:	Email:	
Parent/Carer's perspective:		<i>What's going well/what are the challenges, school/home links, what helps, what next?</i>	
Is child/yp making expected progress overall? Yes <input type="checkbox"/> No <input type="checkbox"/>		<i>Key issues/successes/areas to focus on?</i>	
Is child/yp at age related expectations overall? Yes <input type="checkbox"/> No <input type="checkbox"/>		<i>Key issues/successes/areas to focus on?</i>	
What is currently in place to support the child/young person?		<i>Interventions/Keyworker/Team around the Child</i>	
Other Issues:		<i>Health and Well being, Behaviour, Attendance, Exclusions, Links to Other Plans</i>	

PEP Action Plan for:

[Name of Child/Young Person]



Target Outcome Short/Long term	How will this be done?	Who by?	Start & Finish Dates	Pupil Premium Spend	How will we know it is achieved?
Links to Other Plans?					

Completed by:

Date: