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| **Personal Education Plan (PEP) for Children in**  **Pre-Foundation Stage (Pre-F3)** |

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| Full name |  |
| Date of Birth and age in months |  |

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| Date of PEP Meeting |  |
| Date and time of next PEP Meeting |  |
| Venue |  |
| To be organised / chaired by |  |

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| **Education Information** |

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| --- | --- |
| Address including postcode of setting |  |
| Contact telephone number |  |
| Ofsted inspection date and judgement |  |
| Name of Designated Person |  |
| Email address of Designated Person |  |
| Name of Finance Person |  |
| Email address of Finance Person |  |
| Date started in setting |  |

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| **Attendees at the PEP Meeting** |

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| **Role** | **Name** | **Email** | **Present** |
| Child |  |  |  |
| Social Worker |  |  |  |
| Parent/s |  |  |  |
| Carer/s |  |  |  |
| Key person |  |  |  |
| Virtual School |  |  |  |

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| **Care Information and Home School Communication** |

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| Carer name: | Who should be contacted in emergency? |
| Date entered Care: | Who will liaise with the setting on a day-to-day basis? |
| Legal Status – current placement type: | Who will receive setting information? |
| Number of placements: | Who will attend setting information sessions? |
| Name of Social Worker: | Who will give permission for trips? |

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| **Attendance** |

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| Number of registered hours per week |  |
| Number of sessions (days and times) |  |
| Attendance percentage / punctuality | % lates |
| Reason for absences |  |

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| **General and Personal Information** |

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| Gender |  | My ethnicity |  |
| My first language | |  | |
| Are there any past or current health concerns / medication? | |  | |
| Who is my Health Visitor? | |  | |
| Am I meeting my developmental milestones? | |  | |
| Are there any concerns about my development? If so, what are they and what is being done about them? | |  | |
| Does my carer have any other concerns? | |  | |

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| **My Early Learning** |

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| Please comment on the development of my early learning (What types of play do I like?) |  |
| What activities do I do outside the home? (Stay and play, story and rhyme, swimming etc) |  |
| Do I like rhymes and singing? |  |
| Am I interested in books? |  |
| What are my favourite toys & activities? |  |
| What am I currently learning to do? |  |
| Anything else discussed in this meeting? |  |

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| **Review of Outcomes from Previous PEP Not applicable this PEP is the first PEP** |

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| **Outcome 1 from last PEP** | **Actions & Interventions** | **Comments on outcomes & the actions achieved** | **Costs** | **Achieved /Partial** |
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|  |  |  |  |  |
| **Outcome 2 from last PEP** | **Actions & Interventions** | **Comments on outcomes & the actions achieved** | **Costs** | **Achieved /Partial** |
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| **New Outcomes** |

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| **Outcome 1** | **Details of Actions and Interventions and by whom** |
|  |  |
| How will the outcome be evaluated? |  |
| Amount of funding requested |  |
| **Outcome 2** | **Details of Actions and Interventions and by whom** |
|  |  |
| How will the outcome be evaluated? |  |
| Amount of funding requested |  |

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| **Transition to a new setting (if applicable)** |
| Please give details of any transition plans |
| Describe any support this child may need to make a successful transition |
| Full name and address of setting/school being applied for |

**Note: The Designated Person will circulate the PEP following sign off by Oxfordshire Virtual School. The Virtual School is responsible for uploading the completed PEP onto Liquid Logic.**

**Please email directly to your Virtual School contact or** [virtualschool@oxfordshire.gov.uk](mailto:virtualschool@oxfordshire.gov.uk)

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| **For Virtual School use only** |

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| Date PEP received by Virtual School |  |
| **PEP signed off by** |  |
| Record of further discussion between Virtual School and Designated Person |  |
| Amount of Early Years Pupil Premium funding agreed (if applicable) |  |
| Total amount of Pupil Premium funding agreed in current financial year (if applicable) |  |