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**Personal Education Plan**

**Early Years Foundation Stage (EYFS)**

For all Oldham Children Looked After who attend an early years setting, up to the end of nursery year at a non-maintained setting or school.

**Please send a copy of the completed PEP to** **PEP.info@oldham.gov.uk**

**Section A**

(To be completed by Social Worker)

|  |  |
| --- | --- |
| Date of this PEP Meeting |  |

|  |
| --- |
| Personal information |
| Name |  |
| Date of birth |  | Gender | Male 🞎 Female 🞎 |
| Ethnicity |  | Religion |  |
| UPN |  | First Language |  |
| Early Years Provider |
| Name |  |
| Address |  |
|  | Postcode |  |
| Telephone Number |  |
| Early Years Provider Designated Person |  |
| Date registered with Provider |  |

**People attending this/involved in this PEP meeting**

|  |  |  |
| --- | --- | --- |
| Title | Name and contact details | Present |
| Child |  |  |
| Social Worker |  |  |
| Parent |  |  |
| Carer |  |  |
| Educational Provider Designated Person |  |  |

|  |  |
| --- | --- |
| CLA Status and Date |  |
| Parental Responsibility |  |

|  |  |
| --- | --- |
|  | Name and address if appropriate |
| Are there any contact restriction if so please give details |  |
| In an emergency the Early Years Education Provider should contact |  |
| Who will receive and respond to daily communication from Early Years Education Provider |  |
| Who should receive a copy of progress reports |  |
| Who will attend parents’ evenings(where applicable) |  |
| Who will sign the home/school agreement |  |
| Who takes responsibility on health issues |  |

|  |
| --- |
| Medical Conditions Early Years Provider should be aware of: |
| Prescription Medication (please list): |

|  |
| --- |
| Type of provisionFull Time Part Time Mainstream Special Other |
|  |  |  |  |  |  |  |  |  |  |  |
|  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Is this child educated out of authority? |  |  |
| Special Education Needs/ Disability: | Yes | No |
| SEN SupportEducation, Health & Care Plan |
| Involvement of other services: | Yes | No |
| (if yes please list) |
| Entitlement to additional funding:  | Yes |  No  |
| Type of funding: Disability Access Fund, Early Years Pupil Premium, Special Educational Needs Inclusion Fund, Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount of funding:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expenditure of funding:Impact on learning and development: |

# Section B: Overview of Development and Learning

(To be completed by Designated Teacher / Practitioner)

**Age Key (Working at)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 1 + | - 2 | 2 | 2 + | - 3 | 3 | 3 + | - 4 | 4 | - Rec | Rec |

|  |  |  |  |
| --- | --- | --- | --- |
| **Area of Learning and Development** | **Autumn Term** | **Spring Term** | **Summer Term** |
| Working At-Age | Cause for Concern (Y/N) | Working At-Age | Cause for Concern (Y/N) | Working At-Age | Cause for Concern (Y/N) |
| Listening, Attention and Understanding |  |  |  |  |  |  |
| Speaking |  |  |  |  |  |  |
| Self- Regulation |  |  |  |  |  |  |
| Managing Self |  |  |  |  |  |  |
| Building Relationships |  |  |  |  |  |  |
| Gross Motor Skills |  |  |  |  |  |  |
| Fine Motor Skills |  |  |  |  |  |  |
| Comprehension |  |  |  |  |  |  |
| Word Reading |  |  |  |  |  |  |
| Writing |  |  |  |  |  |  |
| Number |  |  |  |  |  |  |
| Numerical Patterns |  |  |  |  |  |  |
| Past and Present |  |  |  |  |  |  |
| People, Culture and Communities |  |  |  |  |  |  |
| The Natural World |  |  |  |  |  |  |
| Creating with Materials |  |  |  |  |  |  |
| Being Imaginative and Expressive |  |  |  |  |  |  |

**Additional notes**

**Section C: Overview of Progress**

(To be completed by Designated Teacher / Practitioner)

|  |
| --- |
| **Overview of Progress** (including child’s view)Date: Attendance: %Progress in learning and development(strengths and areas of concern):Any factors affecting the child’s educational progress?Educational and developmental targets:Expected outcomes: |
| How will the parent support the child’s learning and development? |
| How will the carer support the child’s learning and development? |
| How will the key person support the child’s learning and development? |
| How will any other professionals involved support the child’s learning and development?Please provide name and job title: |
| How will the social worker support the child’s learning and development? |
| How will the school or setting use Early Years Pupil Premium to support the child, (nursery age only, 3-4 years) in maintained or non-maintained provision |

**Section E** (To be completed with the child, as appropriate)

**All About Me!**

Child’s views represented by the Team around the Child:

My name is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I was born on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Photo or picture of child’s choice)

**My Likes:**

(What makes me happy?)

**My Dislikes:**

(What makes me sad?)

**What people like about me:**

**How to best support me:**

Including Areas of EYFS and any targets set by other professionals. Strategies from other professionals may be used and this should be prioritised for the individual child’s need/s.

|  |  |  |  |
| --- | --- | --- | --- |
| **Target:** | **Support/ Strategies/ Interventions:** | **Aim to achieve by:** | **Responsible person:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**More about me:**

Religion:

Ethnicity:

Medical Needs:

SEND:

Other:

When I grow up I want to be: