

My Personal Education Plan

Post-16

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| **My name:** |  |
| **I prefer to be called:** |  |
| **My date of birth:** |  |
| **My education provider:** |  |
| **Name of designated tutor:** |  |
| **Date of this PEP review:** |  |

**Y12 PEP 1 Y12 PEP 2 Y12 PEP 3 Y13 PEP 4 Y13 PEP 5 Y13 PEP 6**

Section 1 - Student Profile

Section 1 to be completed by the young person and social worker prior to the meeting

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| **Things you need to know about me** |  |
| **My Social Worker (and contact details)** |  |
| **Person(s) with (Parental Responsibility)** |  |
| **Name and contact details of my Carer/ Lodgings host/Key Worker** |  |
| **Am I an Unaccompanied Asylum Seeking Minor?** |  |
| **My cultural requirements that an education provider should be aware of (give details if relevant)** |  |

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| **Special Educational Needs and/or Disabilities (SEND)** |  |
| **Is there an Education, Health and Care Plan (EHCP)?** |  |
| **If yes, what was the date of the last review? Please attach a copy.** |  |

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| **Contact and Permissions** | |  | |
| **Names of anyone who contact is prohibited and what position education provider should take if contacted by this person:** | |  | |
| **Who will the education provider ring in an emergency?** | |  | |
| **Who will the education provider send important letters and reports to?** | |  | |
| **Who will attend my education meetings?** | |  | |
| **Who will come to prize giving ceremonies and other education events?** | |  | |
| **Vital information** | | | |
| **Do you have a…? (Please answer** Yes **or** No**)** | Yes | | No |
| **Passport** |  | |  |
| **National Insurance number** |  | |  |
| **Driving Licence** |  | |  |
| **Up-to-date CV**  **Please attach a copy.** |  | |  |

If you have answered ‘no’ to any of the above, please consider these as action points to be carried out at the end of the PEP.

Section 2 to be completed by the young person and social worker prior to the meeting

Section 2 – What I Think You Should Know

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| **What qualities do people see in me?**  **What you are good at? Are there any extra-curricular activities that support you with your studies/wellbeing outside of education?** |
| Are you reliable, punctual, able to meet deadlines? Do you deliver on your commitments? |

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| **What is important to me now and in the future?**  **Do you have clear ideas about how you want your future to look, and what you need to do to achieve that vision?** |
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| **How can professionals support and communicate with me to assist me in achieving my goals?** |
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Section 3 to be completed by the young person and professionals at the meeting

Section 3 – My Achievement Record

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| **My Progress – past achievements to be carried over from last PEP** | | | | |
| **Qualification Type** | **Subject** | **My current level/grade** | **My target level/ grade** | **Grades already achieved** |
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| **Attendance** | | | | | |
| Current Attendance % |  | Authorised Absence % |  | Unauthorised Absence % |  |

To be completed by the young person and professionals at the meeting.

Section 4 – My Progress

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| **My Progress since the last review** | |
| **What has gone well?** |  |
| **What are the worries?** |  |
| **What needs to happen?** |  |

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| **My Previous PEP targets** | **What has gone well?** | **What have been the worries?** | **What needs to happen?** |
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| **Targets** | **Action** | **By Whom?** | **By When?** |
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| \*Specific, Measurable, Achievable, Realistic, Time  Limited |  |  |  |

To be completed by the young person and professionals at the meeting.

New SMART\* PEP Targets

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| **Transition: Getting ready for higher education, further training or employment** |
| * **What are my views and ideas about higher education, training or employment?** * **What support do I need to achieve my goals?** * **Do I know who I can talk to about the transition into employment or higher education?** * **Do I have a career plan? If not, do I know who I can seek advice from?**   *Identify tasks, responsibility and timescale and add to PEP targets.* |
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To be completed by the young person and professionals at the meeting.

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Section 5 – My Support Network

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| **Person** | **We, the undersigned, have agreed to undertake the actions detailed in the plan.** |
| Me |  |
| School/ College Children In Care (CiC) lead |  |
| My Social Worker |  |
| My Carer/ key worker |  |
| My Parent(s) |  |
| Other |  |
| Other |  |

How will my Plan be shared?

The School/College CiC lead will:

* Keep a copy on file
* Provide me a copy
* Send a copy by secure email to the Virtual School ([SuffolkVirtualSchool@suffolk.gov.uk](mailto:SuffolkVirtualSchool@suffolk.gov.uk))
* Send a copy to my Social Worker

The Social Worker/Virtual School will:

* Send a copy to my carer/ key worker, IRO and any other relevant people (e.g. parents).

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| **Is there anyone you don’t want your Plan shared with?** |
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| **Date, Time and Venue for the next PEP Review:** |
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Once completed, please send a copy by secure email to the Suffolk Virtual School at [suffolkvirtualschool@suffolk.gov.uk](mailto:suffolkvirtualschool@suffolk.gov.uk)

Suffolk County Council uses Microsoft Office 365 Message Encryption for sending secure emails. If you would like to request a secure email, please email us and we can send you a secure email for the PEP.

Information on O365 Mail Encryption can be found here: <https://www.suffolk.gov.uk/about/secure-emails/>