

**Post 16 Personal Education Plan**

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| Name of Young Person |  | | |
| Date of Birth |  | | |
| Current Age |  | | |
| Post 16 Provider |  | NEET |  |
| PEP meeting led by |  | | |
| Date of Meeting |  | | |

Complete **Section A + B** for young people in **education, employment or training** and **Section A + C** for young people who are currently **NEET (Not in Employment, Education or Training)**.

Please have available the following information:

Attendance figures

Tutor feedback + progress information

Bursary information

Outcomes from the EHCP, if applicable

Copy and paste the action plan from the previous PEP into the table below and review at the beginning of the PEP meeting.

*A copy of the PEP including all attachments/print outs* ***must*** *be sent securely to everyone at the meeting and the Independent Reviewing Officer. If you are completing the PEP form via the Establishment Portal, it will be received by the student’s social worker and The HOPE, along with the attachments.*

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| **Actions from previous PEP** | | | |
| Action | By whom | By when | Outcome? |
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| **Section A - Key Information and Contact Details** | |
| * **Please add name, email address and contact number** | |
| **For the young person** | *(Completed by social worker/PA)* |
| Keyworker/carer |  |
| Social worker/Personal Advisor |  |
| The HOPE Virtual School | 0117 903 6282 |
| Emergency contact |  |
| Other |  |

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| **Communication** | *(Completed at the PEP meeting)* |
| Best/first person to contact at school/college/training |  |
| Best/first person to contact at home? |  |
| Which additional professional will be contacted in case of problems/concerns? |  |

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| **Safeguarding information** | *(Completed by social worker/PA)* |
| Specific instructions regarding confidentiality for this young person |  |
| Restrictions on taking and publishing photographs of this young person |  |
| Restrictions on anyone contacting or meeting this young person |  |

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| **SEND information**  **No SEND** | | | | | |
| **If the young person has anything in the list below, please check the box and make sure a copy is with this plan *(including a provision map if applicable*):** | | | | | |
| EHCP (see below) | ☐ | Bristol SEND Support Plan | | |  |
| Other LA SEND Support Plan | | |  |
| **(EHCP - Please identify the primary need)** | | | | | |
| *CI- Communication and interaction* |  | | | *SEMH - Social, emotional and mental health* |  |
| *CL - Cognition and learning* |  | | | *SPN - Sensory and/or physical needs* |  |
| Date of last Annual Review (if applicable): | | | | | |
| Top up band (number) | | | Top up band (amount) | | |
| We have shared the above document/s and discussed the young person’s provision at this meeting | | | | | |

**School/College Strength and difficulties questionnaire (SDQ)**

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| **School/College SDQ Total Difficulties Score** |  |
| **Date SDQ completed** |  |
| **Name of person/s who completed the SDQ** |  |

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| **EAL information** | | | |
| **Please complete for all young people with English as an additional language** | | | |
| First Language |  | | |
| Is the young person able to **read** in his/her first language? | Yes/No | Is the young person able to **write** in his/her first language? | Yes/No |
| If yes, to what standard? | Basic/More advanced/ Fluent | If yes, to what standard? | Basic/More advanced/ Fluent |

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| Additional languages spoken (list which and to what standard in reading and writing) |

**Section B - Young People in education, employment and training**

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| **Post 16 Provider** | |
| Designated person for CiC/Care Leavers |  |
| Course Tutors |  |
| Other |  |

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| **People at the meeting** | |
| * **Please list names of all those attending this meeting** * **Please add role/contact information if not already included (check if any contact information is confidential)** | |
| **Name** | **Role + contact email/phone no** |
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| **Please list all qualifications and achievements including English and Maths from previous years e.g. GCSEs and any Post 16 qualifications** | | | | | | |
| **Qualification**  A level  ASDAN  BTEC  BTEC Diploma  BTEC Extended Diploma  City & Guilds  Degree  Extended Project  Functional Skills  GCSE  Global Research Project  Masters Degree  Music  Other (please state)  Prince’s Trust  RSA | **Subject** | **Level**  Pre-entry  Entry 1 to 3  Level 1 to 7  Other (please state) | **EoYT** | **Result/Grade** | **Date Achieved** | **Progress**  More than expected progress (MEP)  Expected progress (EP)  Less than expected progress (LEP) |
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| **Current Provision and Progress** | | | | |
| Name of course/training | |  | | |
| Qualification | |  | | |
| Level | |  | | |
| Start and end dates | |  | | |
| * **Please complete the following with feedback from individual tutors/trainers/employers to discuss at the PEP** | | | | |
| **Subject/course/training** | **Tutor/Trainer/Employer comments and update on progress** | | **Target** | **On track?** |
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| Discussion on progress |  | | | |

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| **Student Support** | |
| What support is available? |  |
| What support do you use/ what would you like? |  |
| Do you have any mental health needs  that could impact, or are impacting on your education? (also refer to SDQ score page 1 and the score/s from the young person’s and/or carer’s SDQ, if used) |  |
| What support would you like, or are you getting? |  |

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| **16-19 Bursary** | |
| Are you receiving the 16-19 Bursary? |  |
| If not, please discuss and record the reasons why |  |

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| **Transport** | |
| How do you get to school/college/training? |  |
| Do you have any issues getting to or from school/college/training? |  |

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| **Attendance** | |
| Current overall attendance |  |
| Breakdown for individual subjects (if available) |  |
| Discussion:  (consider patterns of low attendance, factors affecting attendance, ways to support good attendance, steps to improve/maintain attendance) |  |

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| **Future Plans/Next Steps** | |
| What are your plans for after this course finishes? |  |
| Where will you get Information, Advice and Guidance about next steps? |  |
| Any other changes coming up? |  |
| Discussion |  |

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| **Additional Comments from people at meeting** |
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| **SMART Action Plan** | | | |
| Action | By whom | By when | Outcome? |
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| Date, time and location of next meeting: |

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| 1. If you are completing the PEP form via the Establishment Portal, it will be received by the young person’s social worker and The HOPE, along with the attachments*.* 2. Copies of completed PEP form also to be sent to: |

**Section C - Young People who are currently NEET**

* **For anyone NOT in education, employment or training - complete this section**

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| **People at the meeting** | |
| * **Please list names of all those attending this meeting** * **Please add role/contact information not already included (check if any contact information is confidential)** | |
| **Name** | **Role + contact email/phone no** |
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| **Please list all qualifications and achievements including English and Maths from previous years e.g. GCSE’s and any Post 16 qualifications** | | | | | | |
| **Qualification**  A level  ASDAN  BTEC  BTEC Diploma  BTEC Extended Diploma  City & Guilds  Degree  Extended Project  Functional Skills  GCSE  Global Research Project  Masters Degree  Music  Other (please state)  Prince’s Trust  RSA | **Subject** | **Level**  Pre-entry  Entry 1 to 3  Level 1 to 7  Other (please state) | **EoYT** | **Result/Grade** | **Date Achieved** | **Progress**  More than expected progress (MEP)  Expected progress (EP)  Less than expected progress (LEP) |
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| Where are you living? |  |
| What transport do you have / can you use? |  |
| What have you done previously, what have you tried? |  |
| What would you like to do long-term? |  |
| What are your interests and strengths? |  |
| What barriers are there, what might get in the way? |  |
| What can you do, what can others do? |  |

**Next Steps – Action Plan**

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| Please complete with all actions, thoughts, ideas to be considered | | | |
| Action | By whom | By when | Feedback to? |
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