***SECTION ONE*** *- To* be completed **prior to meeting** by ***Social Worker***

|  |  |  |  |
| --- | --- | --- | --- |
| *Young Person’s Name:* |  | *Year Group* |  |
| *Date of Birth:* |  | Age: |  |
| *YP address details:* |  | Independent accommodation? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| *Date of Meeting:* |  | *Venue of meeting:* |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Name & address:* | *Phone number:* | |
| *School / College / Education Provider* |  |  | |
| *Course Studying and Level* |  | *Full time /Part Time* | *Predicted result at end of Course* |
|  |
| *Previous School or previous course and level* |  | *GCSE results -* | *Maths*  *English* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Team Around Young Person (\*mandatory)* | *Name:* | *Email:* | *Phone number:* | *Present at meeting?*  *Y/N* |
| *\*Tutor / TA/ Mentor* |  |  |  |  |
| *\*Social Worker* |  |  |  |  |
| *Parents* |  |  |  |  |
| *Carers* |  |  |  |  |
| *IRO* |  |  |  |  |
| *VS Contact* |  |  |  |  |
| *Other e.g. CYPS,YOT)* |  |  |  |  |
| *Who holds Parental Responsibility?* | |  | | |
| *Who is to be sent information & reports from School/College/provider* | |  | | |
| *Does YP have access to PC or LAPTOP?* | |  | | |

***SECTION TWO*** *- To* be completed **prior to meeting** by **Designated Teacher / Tutor**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| % *Attendance (Please attach register printout)* | | |  | | | | | |
| *Any exclusions?* |  | | | | | | | |
| *Other concerns?* |  | | | | | | | |
| *Does the young person have anEducation, Health and Care plan?* | | | | | | | ***Yes*** | ***No*** |
| ***If YES please complete section below and attach copy of Learning Plan or IEP*** | | | | | | | | |
| *Nature of Need(s):*  ***Strike through or delete if not applicable*** | | *1.Communication & interaction* | | *2.Cognition &Learning* | *3.Social, Mental and Emotional Health* | *4.Sensoryand/or Physical* | | |

|  |  |  |
| --- | --- | --- |
| *Are there any other issues that might impact on progress?* | ***YES*** | ***NO*** |
| ***If yes - please identify*** | | |
| ***What steps could be taken to help overcome them?*** | | |
| ***How is the bursary being used?*** | | |
|  | | |

***SECTION THREE-***To be completed **at the meeting** by **Designated Teacher / Tutor** *with contributions from parents, carers, young person, Social Worker and education****:***

|  |
| --- |
| *Comments on* ***positive*** *personal attributes, achievements, abilities, skills and hobbies both in and outside of education* |
|  |

***Targets***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Academic Progress –*  **Lead Professional** to complete the columns below prior to meeting in consultation with tutor(s) | | | *Intervention -*  **Lead Professional**  to complete the columns below **at/ or prior to PEP meeting** in consultation with tutor(s) | |
| *Subject* | *Current level* | *End of year Target* | *Action/support needed to achieve this target.* | *Who is responsible-YP/Tutor/LP/DT/SW/other* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***Additional actions***

|  |  |  |
| --- | --- | --- |
| *Any additional actions agreed at this meeting?* | *Who Will Action this?* | *Time Scale –by when?* |
|  |  |  |

|  |  |
| --- | --- |
| **Arrange Review Meeting** | |
| ***Date*** |  |
| ***Time*** |  |
| ***Venue*** |  |

**A copy of this document to be**

* **attached to PARIS**
* **forwarded to Virtual School by Social worker**
* **retained by college**
* **Given/emailed to Young Person**
* **given to carer/ parent if requested**