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| **Student Details** | | | |
| **Name:** |  | **DOB:** |  |
| **Previous Education Setting:** |  | **Foster Care**  **Residential**  **Family**  **Semi- Independent**  **Independent** |  |
| **Course Start Date:** |  | **Designated Person Details:** |  |

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| **PEP Details** | | | | | | | |
| **PEP meeting dates** | | | | | | | |
| **Meeting 1:** |  | **Meeting 2:** | |  | **Meeting 3:** | |  |
| **Which meeting is this PEP?** | |  | | | | | |
| **Will I be attending the PEP meeting?** | | | **Yes** | | | **No** | |
| **Who is in attendance at this meeting? Name and Role:** | | |  | | | | |

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| **Additional Needs / Study Support if applicable** | | |
| **Type of Support** | **Staff responsible** | **Support given** |
| **Learning Difficulty** |  |  |
| **Study Support** |  |  |
| **Financial Support** |  |  |
| **Other** |  |  |

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| **Provision Details** | | | |
| **Type of Provision:** | | | |
| **Full/ Part Time** |  | **Length of course** |  |
| **Qualifications on Entry:** | | | |
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| **Name of all courses being studied, including resits: (Please provide the full course title and intended qualifications)** | | | |
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| **Please attach a copy of the timetable or other relevant information.** | | | |

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| **Attendance & Attainment** | | | | | |
| **Attendance % during review period:** |  | | **Attendance % overall:** | |  |
| **Number of days unauthorised absence:** | | |  | | |
| **Details of any sanctions put in place:** |  | | | | |
| **Am I making progress? Delete as appropriate:** | | **Yes** | | **No** | |
| **Serious Cause for Concern / Cause for Concern / Working Towards / Achieving / Exceeding**  Please delete as appropriate | | | | | |
| **If NO, please give reasons why with details of support received or offered, sanctions put in place and please set targets in the boxes below based on this:** | | | | | |
|  | | | | | |
| **Please attach current report or tracking information if relevant.** | | | | | |

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| **Strengths & Achievements** |
| **Include details of any qualifications already gained, grades and any additional activities involved in.** |
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| **Previous Targets** | **Successful?**  **Fully**  **Partial**  **Not at all** |
| 1: |  |
| 2: |  |
| 3: |  |

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| **New Targets:** |
| 1: |
| 2: |
| 3: |

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| **Progression** | | | |
| **Is this the last scheduled PEP for the course? Delete as appropriate:** | | Yes | No |
| **If YES, please give details of the planned progression route with any support given or required:** | | | |
| **Progression route** | **Support given** | **Extra support needed** | |
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| **Comments** | |
| **Student** |  |
| **Carer / Keyworker** |  |
| **Social Worker / Personal Advisor** |  |

Please email completed peps to [pepcompletion@halton.gov.uk](mailto:pepcompletion@halton.gov.uk) within 10 working days of the pep meeting. Any problems or questions, please email [ian.mountain@halton.gov.uk](mailto:ian.mountain@halton.gov.uk)