#### Early Years Personal Education Plan (EYPEP)

For Children Below Reception (Age 2-4)

*To be completed by Social Worker*

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| --- | --- |
| ***Details***  | Attended  |
| Child: | Name:       | Y[ ]  N[ ]  |
| Educational Setting: | Name:      | Y[ ]  N[ ]  |
| Parent:  | Name:      Email:       | Y[ ]  N[ ]  |
| Carer: | Name:      Email:       | Y[ ]  N[ ]  |
| Designated Key Person: | Name:      Email:        | Y[ ]  N[ ]  |
| Social Worker: | Name:      Email:       | Y[ ]  N[ ]  |
| Other: eg EY Consultants Team, PRESENS, EP, EMAS, Health Visitors | Name:      Email:      Name:      Email:       | Y[ ]  N[ ] Y[ ]  N[ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| Ethnicity: |       | Home Languages: |       |
| Religion: |       | Who has PR?: |       |
| No of placement moves: |       | No of Educational Placements: |       |
| Date of EYPEP: |       | Date of next EYPEP: |       |

**Parent / Carer’s Views**

*To be completed by the parent / carer at or before the meeting*

*(Social Worker's responsibility)*

Name of child:

Tell us how your child is doing at their educational setting. You could comment on:

* **How are they at home?**

* **What do they enjoy doing at the setting?**

* **How do they settle and separate?**

* **Do you think they are making progress with their learning?**

**Child’s Views**

*To be completed by parent / carer / social worker before the meeting*

*(Social Worker’s responsibility)*

**Please talk to your child about how they are doing.**

**Make reference to child at pre-school setting and/or in placement.**

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| **My favourite things to do are:** *(This might include toys, games, comfort objects, stories, places)*      |
| **People I like to talk to or play with are:** *(This might include family members, friends or professionals)*      |
| **If I am sad I feel better when:** *(This might include particular comforters, activities, people)*      |
| **Anything else you might need to know about me:**      |

Early Years PEP Information Sheet

*To be completed by the Key Person at the Setting before the EYPEP meeting*

|  |  |  |  |
| --- | --- | --- | --- |
| Name of child: |       | Educational Setting: |       |
| Age in Months: |       | Date of EYPEP: |       |
| How many hours per week is the child entitled to? |       | How many hours per week do they attend? |       |

**Please indicate the child’s stage of development in the following areas:**

**Enter an “E” for Early or “S” for Secure in the relevant box.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Broad age phase in Months** | **0-11** | **8-20** | **16-26** | **22-36** | **30-50** | **40-60** |
| ***Communication & Language*** |  |  |  |  |  |  |
| * Listening and attention
 |  |  |  |  |  |  |
| * Understanding
 |  |  |  |  |  |  |
| * Speaking
 |  |  |  |  |  |  |
| ***Physical Development*** |  |  |  |  |  |  |
| * Moving and handling
 |  |  |  |  |  |  |
| * Health and self-care
 |  |  |  |  |  |  |
| ***Personal, social and emotional development*** |  |  |  |  |  |  |
| * Self-confidence and self-awareness
 |  |  |  |  |  |  |
| * Managing feelings and behaviour
 |  |  |  |  |  |  |
| ***Literacy*** |  |  |  |  |  |  |
| ***Numeracy*** |  |  |  |  |  |  |
| ***Expressive Arts and Design*** |  |  |  |  |  |  |
| ***Understanding the World*** |  |  |  |  |  |  |

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| **Is the child making expected progress overall?** Y[ ]  N[ ]  |
| **Is the child at age-related expectations overall?** Y[ ]  N[ ]  |
| **If the child is not making expected progress, what support is in place to narrow the gap?**(Eg: 1:1 support, small-group support, training, EMAS, Speech & Language support, PRESENS)      |

|  |  |
| --- | --- |
|  Does this child have an EHC (Education Health and Care) Plan? | Y [ ]  N [ ]  |
| Reason for Plan?*Including review date* |        |
| Other information from Setting:*Please comment on characteristics of effective learning.*      |
| Is this a new Early Years PEP? | Yes [ ]  No [ ]  |
| If No, have the targets from last Early Years PEP been met? |

Meeting Discussion

*Additional information*

**Early Years PEP Plan**

*To be completed by Educational Setting Before or at the EYPEP*

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| --- | --- | --- | --- | --- | --- |
| **Outcome**What are you trying to achieve? | **How will this be** **done**?Exactly what actions will be required/what support is needed? | **Who?** | **Start and finish** | **Early Years Pupil Premium** **Spend** (up to £300) | **How will we know it is achieved?** |
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