

Personal Education Plan

Key Stage 3/4

Young Person's View

|  |  |  |
| --- | --- | --- |
| **Name of Student:** | **DOB:**  | **Date:** |

1. Do you feel safe in school?

 [ ]  Yes [ ]  No Why?

1. Do you enjoy school?

[ ]  Yes [ ]  No Why?

1. How do you currently feel when you are at school?

[ ]  Happy [ ]  Ok [ ]  Sad

1. How do you currently feel when you are at school?

[ ]  Happy [ ]  Ok [ ]  Sad

1. Do you know the levels you have achieved in your subjects?

[ ]  Yes [ ]  No [ ]  Not sure

1. How would you rate your progress in the following areas?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Excellent** | **V. Good** | **Good** | **Needs attention** |
| Attendance |  |  |  |  |
| Behaviour |  |  |  |  |
| Effort |  |  |  |  |
| Ability to get on with my friends |  |  |  |  |
| Ability to get on with adults |  |  |  |  |

1. Do you get homework?

[ ]  Yes [ ]  No

1. How often do you get home learning? (homework)

|  |  |  |  |
| --- | --- | --- | --- |
| **Every day** | **2-3 times per week** | **1-2 times per week** | **None** |
|  |  |  |  |

1. Can you manage your homework?

[ ]  Yes [ ]  No

1. Do you think you need any help in school?

|  |  |  |
| --- | --- | --- |
| **I need help with** | **Who can help** | **When** |
|  |  |  |
|  |  |  |
|  |  |  |

1. If you have a problem in school who would you prefer to talk to?

|  |
| --- |
|  |

1. Do you take part in any activities after school/out of school?

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| --- |
|  |

1. What are you proud of: this term? This year?

|  |
| --- |
|  |

1. Next Term/Year my targets/goals are:

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| --- |
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 |

1. My aspirations -Long term I would like to:-

|  |
| --- |
|  |

1. The meeting is about you, is there anything you would like to discuss or bring to the meeting?

|  |
| --- |
|  |



Signed (Student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_