

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 about your progress 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. If yes, 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?

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|  |

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?

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|  |

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

|  |
| --- |
| * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. My long terms aspirations and goals are:

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| --- |
| * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

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|  |

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

