

OFFICIAL-SENSITIVE

Personal Education Plan

Essex

Essex Virtual School  
T: 03330321200  
E: virtual.school@essex.gov.uk<https://schools.essex.gov.uk/pupils/Essex_Virtual_School/Pages/default.aspx>

Bobby Testchild

Test School

Social Worker:

Designated Teacher:

Date of Meeting: No PEP Date

Date of Document: 18-Aug-2023

Date of Birth 13-Jul-2008

My wishes, aspirations and feelings

|  |
| --- |
| Please choose which Child Voice Form you wish to use |
| Complex SEND Child Voice |

|  |  |
| --- | --- |
| I like...... | I don't like...... |
|  |  |
| I need help with...... | What or who makes me happy at school?...... |
|  |  |
| I am good at...... | I like playing with.... |
|  |  |
| I'm worried about...... | Those who know and care about me say...... |
|  |  |
| Advocate Comments |  |
| To be completed by someone within the education setting who knows the child well and has had the opportunity to observe the child within the education setting |  |
| Name of advocate | Role of advocate |
|  |  |
| 3 things child enjoys within the education setting |  |
|  |  |
| 3 things child doesn't respond well to within the education setting |  |
|  |  |
| Any other advocate comments |  |
|  |  |
| Have you uploaded a One Page Profile into 'Documents' |  |
|  |  |
| Pupil Voice |  |
|  |  |