**New into Care ESOL Initial PEP**

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| **Name:** |  |
| **D.o.B:** |  |
| **Responsible Authority:** |  |
| **Date entered care:** |  |
| **First language:** |  |
| **English speaking/ understanding** |  |
| **Young person’s contact details:** |  |
| **Carer/keyworker contact details:** |  |
| **Previous educational history:** |  |
| **Planned education placement:** |  |
| **Year group:** |  |
| **Assessment date:** |  |
| **Start date:** |  |
| **Background:** |  |
| **Interests (Young Person’s Voice):** |  |
| **Aspirations (Young Person’s Views):** |  |

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| **Targets** | **How can these be achieved** | **Who will do this and when?** |
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| **Additional Information**  **Pupil Premium: This is not used for Post 16 or Young People Out of School**  Date: Completed by: |