**New into Care ESOL Initial PEP**

|  |  |
| --- | --- |
| **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):** |  |

|  |  |  |
| --- | --- | --- |
| **Targets** | **How can these be achieved** | **Who will do this and when?** |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Additional Information****Pupil Premium: This is not used for Post 16 or Young People Out of School**Date: Completed by: |