



Science & Technology Magnet High School Personal Education Plan

Name: _____	Date of Plan: _____
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Also known as: _____ Date of birth: _____

Person(s) who has/have authority to sign for parental consent: _____

Learning Strand: _____ Year Group: _____

Ethnicity: _____ Languages spoken: _____

Will an interpreter be required at meetings? Yes/No Who will do it? _____

Does this young person have special educational needs? Yes/No

Are there any special Health Issues? Yes/No

Attendance:

Abs	Tds

Has the school nurse been informed? Yes/No

People involved in this PEP:

√ Present

<i>Title</i>	<i>Print Name & Sign Below</i>	<i>Address & Phone Number(s)</i>	
Student	_____		
Parent	_____		
School Administrator or Designee	_____		
Guidance Counselor	_____		
Other:	_____		

Date Personal Education Plan started: _____	Review dates:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>				

Next Special Education Annual Review: _____ <div style="text-align: right; margin-top: 5px;"><i>(If applicable)</i></div>
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School History

<i>Middle School or Junior High School</i>	<i>Dates: From – To</i>	<i>Reasons for Leaving</i>	<i>Assessment results: CMTS, LAS, Other?</i>

Data Collection

<u>STMHS Baseline Assessments</u>				
<i>Science</i>	<i>Reading Comprehension</i>	<i>Writing</i>	<i>Mathematics</i>	<i>Technology</i>
<i>Other measures of progress at this stage:</i>				
<u>Key Stage 2 Assessments</u>				
<i>Science</i>	<i>Reading Comprehension</i>	<i>Writing</i>	<i>Mathematics</i>	<i>Technology</i>
<i>Other measures of progress at this stage:</i>				
<u>Key Stage 3 Assessments</u>				
<i>Science</i>	<i>Reading Comprehension</i>	<i>Writing</i>	<i>Mathematics</i>	<i>Technology</i>
<i>Other measures of progress at this stage:</i>				

Record of achievement and success:

(after-school clubs, teams etc)

☆
☆
☆

Young Person's view of their education:

Young Person's view of their education: What do you like most about learning new things or going to school?
Can you describe some things that you do really well?
When you think of school, is there anything about which you worry?
Is there a teacher or anyone else who really helps you with your education? What is his or her name?
Do you have a group of best friends? What are their names?
Write down your favorite sports or hobbies. Who are your heroes?
What would help you most with your education? Can you say what you would like to happen that is not happening now?

Review of previous targets/Actions set at last meeting date _____

(If appropriate, then mark this section "See attached evaluation sheet")

<i>Target/Action</i>	<i>Evaluation/Update</i>	<i>Target/Action Achieved?</i>

What are the key priorities identified for this PEP?

Curriculum, key skills
Key stage and other transitions
Attendance
Social skills
Emotional/ Behavioral
Other

Educational Targets for this PEP:

<i>Target</i>	<i>Strategies/Action plans</i>	<i>Action by</i>

Summary of Actions from this meeting:

<i>Action</i>	<i>By whom and by when</i>