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# Information to support termly PEP meeting, relating to SEND

**Name of pupil:**

**Term:** Autumn/Spring/Summer

**When is the SEND/EHCP support plan due to be reviewed?**

**Identify areas of need** - Cognition and Learning (CL), Social Emotional and Mental Health (SEMH), Communication and Interaction (CI), sensory and/or Physical (SP)

1.

2.

3.

4.

**Describe additional support and/or intervention currently provided by the school**

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| --- | --- | --- | --- | --- |
| Support | No. of times per week | Duration of support | Size of group | Baseline and impact of intervention (For example, reading age or SEMH target) |
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**Identify any outside agency support currently being accessed**

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| Outside Agency | Date of report | Report attached? |
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**Further information**

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