



PSP Review Primary

PSP REVIEW for

School

Year Group

Date of PSP Review		Review No.	
Date of original PSP Meeting			
Pupil Name			
Date of Birth			

Reason for PSP (Tick box)			
Medical	ASC	Behaviour	Anxiety

If reason for PSP does not fit into one of the above categories, please explain below

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UPN	Year Group	ALN Stage (PLASC)	ALN Type (e.g. ASC)	FSM (Y/N)

Attendance % at date of original PSP		Attendance % at date of Review	
No. of exclusions at date of original PSP		No. of exclusions at date of Review	
Unauthorised absences % at date of original PSP		Unauthorised absences % at date of Review	

PSP School Lead	Name	
PSP Local Authority Lead and date of discussion	Name	Date

Agencies present at Review		
Name	Agency	Attendance Y/N
	Young Person	
	Parent/Carer	
	School, e.g. ALNCo, Class teacher, LSA	
	Pupil Support Officer	
	Educational Psychologist	
	Advisory Teacher	
	Behaviour Support Teacher	
	Social Worker/TAF Worker	
	Health (CAMHS/Paediatrician/School Nurse etc)	
	Parent Partnership Service	
	Other	

Individual SMART Targets

Targets		Target Met Yes/No/Partially	Strategies trialled and progress made against the targets
1			
2			
3			
4			

(Please list targets from PSP and record progress made towards them. Indicate actions/strategies undertaken and any resulting changes to targets.)



Outcome of the PSP Review		
	Y/N	If yes, please explain why?
Continue PSP		
Amend PSP <i>(Please provide copy of amended timetable)</i>		
Discontinue PSP		

TIMETABLE

Day	Activity and venue
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

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I agree to try my best to meet my targets

Signed by Pupil	
Signed by Parent/Carer	
Signed by School	
Date	

A further Review will take place on	Date
<i>This should be no longer than 6 weeks from the date of this Review</i>	
Next Review No:	

Please note: PSPs WILL NOT be authorised without the following

- Pupil Signature
- Parent Signature
- School Signature
- Amended Timetable
- Review Date
- Supporting Evidence

Agreed at Panel (Date)

Chair Name

Signed

Completed Reviews can either be posted or scanned and emailed to:

Kathy Powell
Business Support Manager
Children and Schools Directorate
2nd Floor, North Wing,
County Hall
Haverfordwest
SA61 1TP

Email: business.support.unit.children&schools@pembrokeshire.gov.uk