*To be completed and returned on the first day of a child’s permanent exclusion.*

*If completed during 2024-25 academic year, please return to Alasdair.Whitelaw@achievingforchildren.org.uk*

|  |  |  |
| --- | --- | --- |
|  | **Children and Young People’s Services****PERMANENT EXCLUSION OF CHILD/YOUNG PERSON**HEADTEACHER’S REPORT and ALTERNATIVE LEARNING REFERRAL FORM |  **PEX 1** |
| **To**: Alasdair Whitelaw Inclusion and Access Manager, Town Hall,Maidenhead, SL6 1RF[*Alasdair.Whitelaw@achievingforchildren.org.uk*](file:///C%3A%5CUsers%5CMRV204%5CDownloads%5CAlasdair.Whitelaw%40achievingforchildren.org.uk) | **Permanent Exclusion from:** | **(Inset school details)**  |
| **Date of Permanent Exclusion:** |  |
| **Date of Governor Hearing Meeting (if known):** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pupil** **Surname** |  | **UPN No.** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Pupil Forename(s)** |  | Gender  |  MALE / FEMALE  |
| **Address:** |  | Date of Birth |  |
| Pupil Year Group |  |
|  Ethnic Origin |  |  |  |  | See Code Lists at footof page |
| **Postcode:** |  |  Religious Affiliation |  |  |  |  |
| **Telephone:** |  | Mother Tongue  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Mother’s Name** |  | **Father’s Name**  |  |
| **Address** |  | **Address** |  |
| **Postcode** |  | **Postcode** |  |
| **Telephone** |  | **Telephone** |  |
| **Email address** |  | **Email address** |  |
|  **Does any other person have parental responsibility?** |   **YES / NO** **If YES, please give details**  |

|  |  |  |
| --- | --- | --- |
| **RBWM** | **ETHNIC MONITORING CODE LISTS** | **CHILDREN AND YOUNG PEOPLE’S SERVICES** |
|  **MOTHER TONGUE** | **RELIGIOUS AFFILIATION** |  **ETHNIC ORIGIN** |
| **Code** | **Description** | **Code** | **Description** | **Code** | **Description** | **Code** | **Description** | **Code** | **Description** |
| ARA | Arabic | KUR | Kurdish | Ch | Christian | ABAN | Bangladeshi | MWBA | White and Black African |
| BEN | Bengali | OTH | Other | Hi | Hindu | AIND | Indian | MWBC | White and Black Carribean |
| CHI | Chinese | PUN | Punjabi | Je  | Jewish | AOTH | Other Asian background | NOBT | Not yet obtained |
| ENG | English | POL | Polish | Mu | Muslim | APKN | Pakistani | OOTH | Other ethnic group |
| FRE | French | POR | Portuguese | No | No Religion | BAFR | Black-African | REFU | Refused |
| GER | German | SPA | Spanish | Ot | Other | BCRB | Black-Carribean | WBRI | White-British |
| GRE | Greek | SYL | Sylheti | Ra | Rastafarian | BOTH | Black-Other | WIRI | White-Irish |
| GUJ | Gujarati | TUR | Turkish | Si | Sikh | CHNE | Chinese | WIRT | Traveller of Irish heritage |
| HIN | Hindi | UNC | Unclassified | Un | Unclassified | MOTH | Any other Mixed Background | WOTH | White-Other |
| ITA | Italian | URD | Urdu |  |  | MWAS | White and Asian | WROM | Gypsy/Roma |

***Section A***

**Behaviour Category**

*Please provide the reason for this permanent exclusion*

|  |  |  |
| --- | --- | --- |
| Use or threat of use of an offensive weapon or prohibited item |  |  |
|  |  |
| Abuse against sexual orientation and gender identity |  |
|  |  |
| Abuse relating to disability |  |
|  |  |
| Inappropriate use of social media or online technology |  |
|  |  |
| Wilful and repeated transgression of protective measures in place to protect public health |  |
|  |  |
| Physical assault against pupil |  |
|  |  |
| Physical assault against adult |  |  |
|  |  |  |
| Verbal abuse / threatening behaviour against pupil |  |  |
|  |  |  |
| Verbal abuse / threatening behaviour against adult |  |  |
|  |  |  |
| Bullying |  |  |
|  |  |  |
| Racist abuse |  |  |
|  |  |  |
| Sexual misconduct |  |  |

|  |  |  |
| --- | --- | --- |
| Drug and alcohol related |  |  |
|  |  |
| Damage to property |  |
|  |  |
| Theft |  |
|  |  |
| Persistent or general disruptive behaviour |  |

|  |
| --- |
| **Behaviour Incident (this section MUST be completed)** *Please provide a full description of the incident that lead to the decision to Permanently Exclude the young person. There must be a clear description of the pupils actions:*  |

**Has the child/young person been permanently excluded before?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **YES**  |  | **NO** |  |  (Please tick) |

If YES, provide the name of the previous excluding school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Previous behavioural incidents (this section MUST be completed)** *Please include any previous suspensions including date and reason, any previous logged behaviour incidents and attach the pupil’s Pastoral Support Plan and/or Independent Education Plan*  |

***Section B***

**Special Educational Needs**

|  |  |
| --- | --- |
| Does the child/young person have Special Educational Needs (SEN)? *e.g. Social Emotional Mental Health, Cognition & Learning, Communication & Interaction, Sensory and/or Physical* | **Please include specific details and diagnosis**  |
| Is the child/young person on the school’s SEN register? *Please delete as appropriate*  | **Yes/No** |
| Is the child/young person in receipt of SEN support? *Please delete as appropriate* | **Yes/No****Please specify** |
| Have you applied for additional Top Up funding from the LA as appropriate? *Please delete as appropriate and provide explanation if answer is Yes*  | **Yes/No**  |
| Do you feel that the child/young person needs access to specialist provision out of mainstream school in order to meet their needs? | **Yes/ No****Please specify** |
| Does the pupil require an Education Healthcare Plan? Has an Education Healthcare Plan been applied for? | **Yes / No****Yes / No** |
| Does the child/young person have an Education Healthcare Plan? | **Yes / No** |

|  |
| --- |
| **Please specify of any contributing factors that may have impacted upon the child/young person** *(e.g. wider family circumstances, domestic violence, poverty, criminal convictions/incarceration within the family, substance misuse/alcohol misuse).* |

***Section C***

**Safeguarding & Agency Involvement**

|  |  |
| --- | --- |
| Has the child/young person been referred to the MASH/Early Help Hub? If yes, please give details | **Yes / No**  |
| Has the Social Worker or Early Help practitioner been informed of the PEX?  | **Yes / No / NA** |
| Is the child/young person subject to a child protection plan or child in need plan?  | **CP / CIN / NA** |
| Is this child/young person looked after by the Local Authority? | **Yes / No** |

**Which other agencies has the school involved in managing the child/young person’s behaviour?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **CONTACT PERSON** | **TEL. NO.** | **DATES** | **RESULTS** |
| Education Welfare Service |  |  |  |  |
| SEMH Service |  |  |  |  |
| Pupils Educationally at Risk Hub  |  |  |  |  |
| School Nurse |  |  |  |  |
| Education Psychology Service |  |  |  |  |
| Social Care |  |  |  |  |
| Family Hub Service  |  |  |  |  |
| Probation / YOT |  |  |  |  |
| Virtual School for Children in Care |  |  |  |  |
| Child & Adolescent Mental Health Service (CAMHS) |  |  |  |  |
| Other Agencies (please specify) |  |  |  |  |

***Section D***

**Additional Information**

|  |  |
| --- | --- |
| Does the child/young person receive Free School Meals?Does the school receive Pupil Premium for the child/young person? | **Yes / No****Yes / No** |

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| --- |
| Are there Health & Safety concerns? **Yes / No** (Please provide details if Yes)Has a risk assessment been undertaken? **Yes / No** (Please provide details if Yes) |

|  |
| --- |
| **Parental Involvement**Have you spoken to parents/carers about the pupil’s behaviour prior to this incident? **Yes / No**Please provide detailsPlease provide details of how the school and parent/carer have engaged and worked together to support the young persons behaviour |

***Section E***

**Home to School Transport Risk Assessment**

***Must be completed by all school settings to ensure transport can be set up for the young person’s alternative provision setting***

|  |  |  |  |
| --- | --- | --- | --- |
| **Pupil Date of Birth** | [Insert Student DoB] | **Date of Assessment** | [Insert the date of the assessment] |
| **School / College** | [Insert Student School] |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Behaviour / potential for harm** | **Frequency**8 hourly6 daily4 weekly2 monthly1 occasionally  | **Level of harm/incident**1 low2 medium3 high4 extremely high | **Level of Risk****Frequency x Level of harm = the level of risk score**2 = low32 = high) | **Intention**D deliberateA accidentalI involuntary or not understood | **Is this your opinion or is it known to you?**K knownO opinion |
| **Self harm** |  |  | 0 |  |  |
| **Bullying** |  |  | 0 |  |  |
| **Invective (insulting, abusive, or highly critical language)** |  |  | 0 |  |  |
| **Sexually abusing/inappropriate behaviours** |  |  | 0 |  |  |
| **Frequency**8 hourly6 daily4 weekly2 monthly1 occasionally  |  |  | 0 |  |  |
| **Impulsive/dangerous behaviour** |  |  | 0 |  |  |
| **Substance/alcohol misuse** |  |  | 0 |  |  |
| **Offensive on the basis of race/gender/religion/disability/sexuality** |  |  | 0 |  |  |
| **Absconding/absenting** |  |  | 0 |  |  |
| **Damage to property** |  |  | 0 |  |  |
| **Offending** |  |  | 0 |  |  |
| **Carrying/using weaponry** |  |  | 0 |  |  |
| **Medical (please specify below)** |  |  | 0 |  |  |
| **Other (please specify below)** |  |  | 0 |  |  |

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| --- |
| **Please describe the pupil's medical needs in detail, including medicines carried and whether medical intervention might be necessary whilst being transported:** |
|  |

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| **Behaviour - what are the times of greatest risk - i.e. have any flash points been identified, please describe actions to minimise risk:** |
|  |

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| --- |
| **Please describe transport protocol i.e. What assistance does the pupil need to get on and off transport?****How can the pupil's journey be made as comfortable as possible?** |
|  |

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| --- |
| **Any other information:** |
|  |

***Section F***

**Academic Information**

| **Curriculum: Child/young persons in Key Stages 1,2 & 3** **Provide the current National Curriculum level** |  |
| --- | --- |
| **Key Stages****1 Reception – Year 2****2 Year 3 – Year 6****3 Year 7 – Year 9** | **Include fine levels (a/b/c)** | **Date** | **Current End of Year Target NC level** |
| English |  |  |  |
| Maths |  |  |  |
| Science |  |  |  |
| ICT |  |  |  |
|  |  |  |  |
| Reading Age |  |  | Specify test(s) used |
| Other Assessment information |  |  |  |

|  |
| --- |
| **Curriculum: Pupils in Years 10 & 11 ONLY** |

*Please add subjects as appropriate and indicate examination course/entries.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Curriculum**(Add subjects as appropriate) | Tick as appropriate | NameofExamBoard | **Curriculum**(Add subjects as appropriate) | Tick as appropriate | NameofExamBoard |
| Non-Exam | Exam | Predicted Grade | Non-Exam | Exam | Predicted Grade |
| English |  |  |  |  |  |  |  |  |  |
| Mathematics |  |  |  |  |  |  |  |  |  |
| Science |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- |
| **Reading Age** |  | **Date** | **Specify test(s) used** |
|  |  |  |  |

|  |
| --- |
| **Other Assessment Information:** *Please include dates and specify assessment(s) used:*  |

***Section G***

**Education Welfare Information**

|  |
| --- |
| **Attendance (Please attach SIMS form)**% attendance over the last term: % attendance over the previous 12 months: Where there have been attendance concerns, how have these been addressed by the school?  |

|  |
| --- |
| **Previous Schools Attended**Give an overview of the information provided by the previous school about the child/young person: |

|  |
| --- |
| **Any other additional, relevant information:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Head Teacher signature** |  | **Date** |  |