*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:\Users\MRV204\Downloads\Alasdair.Whitelaw@achievingforchildren.org.uk) | | **Permanent Exclusion from:** | **(Inset school details)** | |
| **Date of Permanent Exclusion:** |  | |
| **Date of Governor Hearing Meeting (if known):** |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Pupil**  **Surname** |  | **UPN No.** |  |  |  |  |  | |  |  |  | |  |  |  |  |  |
| **Pupil Forename(s)** |  | Gender | | | | MALE / FEMALE | | | | | | | | | | | |
| **Address:** |  | Date of Birth | | | |  | | | | | | | | | | | |
| Pupil Year Group | | | |  | | | | | | | | | | | |
| Ethnic Origin | | | |  | |  | |  | |  | | See Code  Lists at foot  of 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** | |

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **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** |

|  |
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| **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) |

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| **Parental Involvement**  Have you spoken to parents/carers about the pupil’s behaviour prior to this incident? **Yes / No**  Please provide details  Please 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 hourly  6 daily  4 weekly  2 monthly  1 occasionally | **Level of harm/incident**  1 low  2 medium  3 high  4 extremely high | **Level of Risk**  **Frequency x Level of harm = the level of risk score**  2 = low  32 = high) | **Intention**  D deliberate  A accidental  I involuntary or not understood | **Is this your opinion or is it known to you?**  K known  O opinion |
| **Self harm** |  |  | 0 |  |  |
| **Bullying** |  |  | 0 |  |  |
| **Invective (insulting, abusive, or highly critical language)** |  |  | 0 |  |  |
| **Sexually abusing/inappropriate behaviours** |  |  | 0 |  |  |
| **Frequency**  8 hourly  6 daily  4 weekly  2 monthly  1 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 |  |  |

|  |
| --- |
| **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 | | | Name  of  Exam  Board | **Curriculum**  (Add subjects as appropriate) | Tick as appropriate | | | Name  of  Exam  Board |
| 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**

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| --- |
| **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? |

|  |
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| **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** |  |