



PERMANENT EXCLUSION/AT RISK

Please note the form will be returned if all of the information required has not been included in the referral form. The form must be completed electronically.

First Day of Exclusion	
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School Name			
Address			
Name of referrer		Position of referrer	
Telephone number		Email	

Legal surname		Legal forename	
Preferred surname		Preferred forename	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>
Ethnicity		Religion	
Date of birth		Current school Year	
UPN		NHS Number	

Address			
Postcode			
SEN Status	No SEN <input type="checkbox"/>	SEN Support <input type="checkbox"/>	EHCP <input type="checkbox"/>
Please provide a brief description of needs			
Free School Meals Entitlement	Yes <input type="checkbox"/> No <input type="checkbox"/>		

You must include details of both parents/carers if known

Parent/Carer 1 Name		Relationship	
Address			
Contact Information (telephone/email)			
Parent/Carer 2 Name		Relationship	
Address			
Contact Information (telephone/email)			
Second emergency contact name		Relationship	
Telephone number(s)			
School Attendance Information			
Last date of school attendance			
Attendance this academic year (%)		Attendance last academic year (%)	

Pattern of attendance over the last six weeks	0 ; ½ ; 1 ; 2 ; 3 ; 4 ; 5 days	
Any issues with particular days?		
Has the family ever been referred to the Education Welfare Team over school attendance?	Yes/ No	Date

Name of key person		Position of key person	
Telephone number		Email	
Please provide details of the young person's needs and how it is impacting upon attendance;			
What does the pupil describe as their main barrier to being in school?			
When in school, what support packages were used to try and engage this pupil? Did any of these prove successful?			
Please provide details of the support you believe to be required			

What outcomes are anticipated from this intervention?

EXTERNAL AGENCY INFORMATION			
Agency	Contact Name	Contact details	Evidence submitted
Specialist Doctor/ Medical			
CYPS			
Northumberland Inclusive Education Service: Literacy Support Service (Dyslexia) English as an Additional Language Psychological Services Autism Support Service Emotional Wellbeing and Behaviour Support Service Speech, Language and Communication Service Sensory Support Service (Hearing, vision and multisensory Impairment)			

Early Help			
CAF/ TAF/ TAS			
Children's Services			
Youth Justice Service			
Virtual School			
Other Professional organisation			

Student's Academic Profile			
<i>Please include all subjects the young person is currently taking</i>			
Subject	Qualification	Target grade	Working at
English			
Mathematics			
Science			
Name of school contact for academic information on this pupil			
Position in school			
Tel. No (+ extension)		E mail address	

Does the student have:	PSP <input type="checkbox"/>	IBP <input type="checkbox"/>
Has the student been subject to any fixed term exclusions/suspensions this academic year? If yes, please provide details below.		
<p>Provide an overall summary of the student's behaviour and any identified behaviour strategies which are successful for this student</p> <p>Please include the following:</p> <ul style="list-style-type: none"> • Triggers for inappropriate behaviour • How inappropriate behaviour is displayed • What behaviour strategies have been employed and, what are their outcomes (including timescale) • Whether or not the student presents a risk to themselves or others? 		

[illegible]

SCREENING QUESTIONS 1- no issue6- major issue							
social interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ability to cope with change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
being bullied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
planning and organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sensory sensitivities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provide details of any safeguarding issues when interacting with the student's Parents/Carers at school or at their home

Reason for exclusion – please tick the box which indicates the MAIN reason: additional reasons can be given in the letter to parents (also please attach copy of letter sent to parent regarding the exclusion and notifying them of their rights of representation and review and supporting documentation)

N.B. DfE guidance states that the categories below should cover the main reasons for exclusion: the 'other' category should be used sparingly and only for incidents not covered by the categories below. The descriptions in the final column are provided by DfE to help schools categorise their exclusions.

Exclusion category	Enter tick	May include (this column is for guidance - only need tick the general category e.g. 'bullying', not the specific type of bullying).
Bullying		Verbal, physical, homophobic
Damage (includes damage to school or personal property)		Arson, graffiti, vandalism
Drug and alcohol related		(Unknown substance – please describe in text box the appearance of the substance e.g. white powder, tablet etc.
Persistent disruptive behaviour		Challenging behaviour, disobedience, persistent violation of school rules
Physical assault against an ADULT		Obstruction and jostling, violent behaviour, wounding
Physical assault against a PUPIL		Fighting, obstruction and jostling, violent behaviour, wounding
Racist abuse		Derogatory racist statements, racist bullying, racist graffiti, racist taunting and

		harassment, swearing that can be attributed to racist characteristics
Sexual misconduct		Lewd behaviour, sexual abuse, sexual assault, sexual bullying, sexual graffiti, sexual harassment
Theft		Selling and dealing in stolen property, stealing from local shops on a school outing, stealing personal property, stealing school property
Verbal abuse / threatening behaviour against an ADULT		Aggressive behaviour, carrying an offensive weapon, homophobic abuse or harassment, swearing, threatened violence, verbal intimidation
Verbal abuse / threatening behaviour against an PUPIL		Aggressive behaviour, carrying an offensive weapon, homophobic abuse or harassment, swearing, threatened violence, verbal intimidation
Other		None of the above – please ensure details are set out in the letter to parents

Please use this space to give further details regarding a specific incident that has resulted in a permanent exclusion:

The local authority is required to provide full-time education from Day 6 of this permanent exclusion. It is therefore essential that all the information requested on this form is completed. If you have any problems with the form, please email exclusions@northumberland.gov.uk

HEAD TEACHER / PRINCIPAL CONSENT

I agree that this referral may be made, and that all of the information required has been provided and is up to date and accurate.

Signed

Name

Date

If this referral is for a child or young person at risk of exclusion, please ensure you obtain parental consent:

Relationship to child/young person:

Please read and agree all of the following statements: **(All must be ticked)**

- ☐ I have read the information school have provided on the referral form
- ☐ I have understand the role of the Inclusion Panel
- ☐ I have read the GDPR statement regarding use of data
- ☐ I understand this request may not result in direct contact with me / my child and school will keep me informed of how work will be undertaken

PARENTAL CONSENT

I agree that this referral may be made, and that all of the information required has been provided and is up to date and accurate.

Signed

Name

Date

GENERAL DATA PROTECTION REGULATION 2018 PRIVACY STATEMENT

Northumberland County Council is the data owner of the information collected by our service. The information collected will enable us to assess the support/requirements that would help to achieve better outcomes for your child / young person's education and development. We will not provide your personal information to any other external organisation or individual unless it is lawful to do so or where you have provided explicit consent to do so. Personal data will be held securely, then destroyed in line with the Northumberland County Council retention schedule. The Council's retention schedules and Privacy Notice can be found on the Council's website.

If this is a permanent exclusion please email a copy of the completed form to exclusions@northumberland.gov.uk

If this is a referral to the inclusion panel please email a copy of the completed form to inclusionpanel@northumberland.gov.uk

