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| NOTIFICATION OF PERMANENT EXCLUSION  SEPT 2023 |

In line with GDPR (General Data Protection Regulations) regulations, please send this form via a secure email (password removed) subject line stating OFFICIAL…Permanent Exclusion pupil initials in the subject field.

You must ensure that this document has been signed by the HEADTEACHER.

Please submit this form and additional documents by e-mail on the day that the decision to exclude has been made.

If the Head Teacher’s report is not available, submit this as soon as possible.

Please do not send this information by post - please e-mail: [exclusions@essex.gov.uk](mailto:exclusions@essex.gov.uk)

Please ensure that all sections have been fully completed (please enter N/A where questions are not applicable),

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# Referrers details

|  |  |
| --- | --- |
| Completed by  Key agency/ school contact: |  |
| Role/designation |  |
| Email: |  |
| Contact telephone number: |  |
| Headteacher Signature  date |  |
| Date of Decision to Permanently Exclude |  |
| Date Parent Notified |  |

# Pupil details

|  |  |
| --- | --- |
| **Surname (capitals)** |  |
| **Forename(s)** |  |
| **Date of Birth** |  |
| **Current Year Group** |  |
| **UPN** |  |
| **Gender** |  |
| **Current education setting** |  |
| **Essex Quadrant (NE/Mid/South/West** |  |
| **Nationality**  **Home Language** |  |
| **Ethnicity** |  |
| **Free School Meals** |  |
| **Pupil Premium** |  |
| **Previous education setting or settings (include Primary Education provisions)** |  |

|  |  |
| --- | --- |
| **Name of Parent or Carer with parental responsibility** |  |
| **Address (where currently living)**  **Secondary Address** |  |
| **Postcode** |  |
| **Home telephone/ mobile telephone contact** |  |
| **Email Addresses** |  |
| **Nationality** |  |
| **Home Languages** |  |
| **Ethnicity** |  |
| **Is the pupil a young carer?**  **Provide details** |  |

# Social care involvement & safeguarding

# Social care involvement & safeguarding

|  |  |  |
| --- | --- | --- |
| Virtual School Head informed of request for support | yes | no |
| Child in Care | yes | no |
| Special Guardianship Order | yes | no |
| Child Protection | yes | no |
| Child in Need | yes | no |
| Family Solutions | yes | no |
| Historic Social Care involvement | yes | no |

|  |  |
| --- | --- |
| Please provide an understanding of the reason for social care involvement |  |
| Name of Social Worker(s) |  |
| Contact Telephone and Email |  |
| Local Authority |  |
| Date Social worker informed of Request for Support? |  |
|  |  |

# Safeguarding Narrative

|  |  |  |
| --- | --- | --- |
| Does the school hold a Child Protection File | yes | no |
| In your professional opinion does this pupil present as a significant risk? | yes | No |
| Contact Details for (DSL) – name |  |  |
| Email and Telephone |  |  |
| If so, summarise your concerns referring to available evidence. | Please enter relevant safeguarding details and include information regarding any recent early help submissions |  |

# Reason For Exclusion

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| --- | --- | --- | --- |
| Where are your school currently on its journey with Trauma Perceptive Practice training? | Completed ☐ | In Progress ☐ | Not yet Started ☐ |

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| Reason for Exclusion | Main exclusion reason- please tick |
| PP – Physical Assault against a pupil |  |
| PA – Physical Assault against an adult |  |
| VP – Verbal Abuse / threatening behaviour pupil |  |
| VA - Verbal Abuse / threatening behaviour adult |  |
| OW – Use or threat of use of an offensive weapon |  |
| BU - Bullying |  |
| RA – Racial Abuse |  |
| LG – Abuse against sexual orientation / Gender identity |  |
| DS – Abuse relating to a disability |  |
| SM – Sexual misconduct |  |
| DA – Drug and alcohol related |  |
| DM - Damage |  |
| TH - Theft |  |
| DB – Persistent disruptive behaviour |  |
| MT – Inappropriate use of social media / online tech |  |
| OTHER – Please enter details |  |
| ADDITIONAL EXCLUSION REASON #2 |  |
| ADDITIONAL EXCLUSION REASON #3 |  |
| If the reason for the permanent exclusion is a criminal offence, have the police been informed? |  |

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| Summary of Exclusion |
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| --- |
| Please Provide Details of Following as required by Statutory Guidance  Has reference been made to the Statutory Guidance?  *Suspensions and Exclusion from maintained schools, academies, and pupil referral units in England Including pupil movement (May 2023)* |
|  |
| Has reference been made to the Behaviour in Schools (September 2022) Advice to Headteachers and School Staff? Please detail |
|  |
| Was the pupil given the opportunity to share their version of events prior to the decision to permanently exclude? Please detail |
|  |
| Were there any contributing factors identified following your investigation of the incidents (bereavement, bullying, mental health, trauma etc)? Please detail |
|  |
| Has the school carried out multi-agency assessments to establish possible unidentified SEN (Special Educational Needs)? Please detail. |
|  |
| Has consideration been given to any risk factors to the child following permanent exclusion? Please detail |
|  |
| Have the parents been provided with a copy/link for https://www.gov.uk/government/publications/school-exclusions-guide-for-parents May 2023 |
|  |

**Wider agency support** – Name and Date of Involvement and Contact Details

|  |  |  |  |
| --- | --- | --- | --- |
| Role | Yes | No |  |
| Inclusion Partner |  |  |  |
| TAFSO |  |  |  |
| Attendance Monitoring Officers |  |  |  |
| ECC Attendance Officers |  |  |  |
| Education Psychology Service |  |  |  |
| Virtual School |  |  |  |
| Health Services |  |  |  |
| School Nurse Team |  |  |  |
| Youth Offending Team |  |  |  |
| Paediatrician / Clinical Medical Officer |  |  |  |
| Child Adolescent Mental Health Services CAMHS (Child and Adolescent Mental Health Service) |  |  |  |
| Police |  |  |  |
| Any Other Intervention (for example Power, Affinity, EYPDAS (Essex Young People S Drug and Alcohol Service), Children’s Society) |  |  |  |
| Essex Youth Service |  |  |  |
| Unregistered Alternative Provision |  |  |  |
| Other (please detail) |  |  |  |

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| Was there multi-agency input prior to the decision to permanently exclude? Provide details |
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| What support have you put in place? |
| (Include details of - individual curriculum, group interventions, family support, personalised timetable, whole-school approaches, staff training, working with other agencies) |

# Suspensions

Please confirm the school have referred to the Behaviour in Schools (July 2022) Advice to Headteachers and School Staff?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Please detail below the Suspension and Permanent Exclusion history details, please start with most recent:

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Suspension | Length of Suspension | Reason | Relevant adjustments made to provision to support reintegration |
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# Attendance Information

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| --- | --- |
| Any current involvement with Attendance and Compliance? |  |
| Last day of attendance |  |
| Last date pupil seen |  |
| Current attendance (Please attach attendance printout) | % |
| Percentage attendance for preceding year. (Please attach attendance printout) | % |
| How many hours a day is the pupil attending and how long has this been in place? |  |

# SEND (Special Educational Needs and Disabilities) Information

|  |  |
| --- | --- |
| **SEN (Special Educational Needs) Support** | Yes  No |
| **Name of School SENCO (Special Educational Needs Coordinator) – contact details** |  |
| **Key workers in school/provision and their contact information (this may not be the SENCO)** |  |
| **One Plan (please attach)** |  |
| **Education Health Care (EHC) Needs Assessment** **requested (date)** |  |
| **Education Health Care (EHC) Needs Assessment started (date)** |  |
| **Education, Health and Care (EHC) Plan (date)** |  |
| **Date of last Annual Review** |  |

|  |  |  |
| --- | --- | --- |
| Areas of need (select only one primary need) | Primary | Additional |
| Communication and interaction (including SLCN) | ☐ | ☐ |
| Cognition and learning (including SpLD) | ☐ | ☐ |
| Social, emotional and mental health | ☐ | ☐ |
| Sensory / Physical (*with clinically diagnosed sensory loss and not sensory processing or integration difficulties)* | ☐ | ☐ |

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| Please describe how the areas of need impact on the young person’s access to education and/or social development |
|  |
| Does the pupil have any diagnosis and does this impact on day-to-day functioning for the pupil? |
|  |
| Does the pupil have any diagnosed medical conditions?  (i.e., details of medications, underlying health issues, ongoing investigations etc) is there a care plan in place  Does this impact on the pupil’s day to day functioning? |
|  |

# Current Education / Provision and Attainment

Key Stage 2 Outcomes

|  |  |
| --- | --- |
| Reading |  |
| Writing |  |
| Maths |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Key Stage 3 Outcomes | Current Level | Predicted Level | Describe Engagement |
| Maths |  |  |  |
| English |  |  |  |
| Science |  |  |  |
| Others |  |  |  |

|  |  |
| --- | --- |
| Current Reading Age |  |
| Current Spelling Age |  |

KS4 Qualifications and Accreditations Already Gained or Working Towards: (including GCSEs already sat, BTECs awarded/working towards, exam dates and awarding bodies, details of controlled assessments etc):

|  |  |  |
| --- | --- | --- |
| Qualifications/Accreditations already gained | date | Awarding Body |
|  |  |  |
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For KS4 Students or those working towards end of KS4 Qualifications Please indicate

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| --- | --- | --- | --- |
| Subject | Predicted Level | Current Level | Units Completed |
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| --- | --- |
| Do they have Exam Concessions | If Yes Please detail |
| Would you apply for Exam Concessions | If Yes what might they be |
| Most Successful Subject |  |
| Least Successful |  |

Risk Assessment

|  |  |  |  |
| --- | --- | --- | --- |
| Assessing the risk to Health and Safety | Never | Occasionally | Frequently |
| Has the pupil been known to threaten other pupils? |  |  |  |
| Has the pupil been known to use sexually offensive or threatening language? |  |  |  |
| Has the pupil been known to assault another young person? |  |  |  |
| Has the pupil been known to threaten staff? |  |  |  |
| Has the pupil been known to assault an adult? |  |  |  |
| Did any assault(s) lead to actual bodily harm? |  |  |  |
| Did the assault(s) use weapons/objects? |  |  |  |
| Did the assault(s) lead to medical treatment? |  |  |  |
| Has the pupil or adult had time off as a result of assaults/threats? |  |  |  |
| Has the pupil been known to damage property? |  |  |  |
| Has the pupil committed any criminal offence? |  |  |  |
| Has there been any police involvement in previous incidents? |  |  |  |
| Has the pupil been known to do him/herself physical harm? |  |  |  |
| Has the pupil had to be physically restrained? |  |  |  |
| Has the pupil made any allegations against members of staff? |  |  |  |
| Has the parent/carer made any allegations against and members of staff? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Additional Resources or Support (other than routinely available)** | Yes | No | Unknown |
| **Full time attendance of an** **additional member of staff** |  |  |  |
| **Special training for staff?** |  |  |  |
| **Special supervision during breaks, outside activities or subject areas?** |  |  |  |
| **Additional staffing ‘on hand’** |  |  |  |
| **Other (please specify)** |  |  |  |

**Checklist of** **additional information attached** (please tick)

|  |  |  |  |
| --- | --- | --- | --- |
| **Headteacher’s report** |  | **Letter to parent/carer informing them of exclusion** |  |
| **Student Attendance** |  | Safeguarding Summary/Concerns |  |
| **Minutes of parent carer discussions** |  | Behaviour Log |  |
| **Attainment Data/Levels** |  | Current timetable (and awarding body if KS3/KS4) |  |
| **One Page Profile** |  | Student Passport |  |
| **One Plan records** |  | Health Information/Care Plans |  |
| **Education Health and Care Plan** |  | Suspension log |  |
| **Most recent annual review** |  | Witness Statement(s) |  |
| **List of interventions to support** **CYP (Children and Young People) (Children and Young People)** |  | Multi-agency advice sought |  |
| **Educational Psychology or Inclusion Partner involvement summary** |  | Managed Move information |  |
| **Student Risk Assessment – please complete above** |  | Child and Adolescent Mental Health Service involvement (CAMHS) |  |
| **PEP (Personal Education Plan)** |  | PSP |  |

All information contained within this referral form must be shared with the parent(s) / carer(s) and a signature must be obtained. The exception to this is where the form is completed following a permanent exclusion. Forms will be returned and not processed until a signature is obtained.