|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Childs Name** |  | | | Date of Birth | | | |  | LAC? | | Y / N | |
| Date |  | | | Class/Teacher | | | |  | | | | |
| **SEN?** *(Circle)* | No SEN | | | EHCP | | | | SEN Support | GSP | | | |
| **Details** |  | | | | | | | | | | | |
| **Exclusion History** | | | | | | | | | | | | |
| FTE’s - Episodes |  | | Reasons |  | | | | | | | | |
| FTE’s - Days |  | |
| **Details of latest exclusion** |  | | | | | | | | | | | |
| Was there a PPM? |  | | Who was involved? |  | | | | | | | | |
| **Assess -** What’s not working?  Include voice of pupil / parent / carer | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Has there been an **Early Help** assessment? | | **Yes / No** | | **Details** |  | | | | | | | |
| **Plan - What are the desired outcomes?** | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | |
| **Do - What does the support look like? What adjustments are to be made?**  *e.g. time out card, access to a safe space/key worker, rewards, check-in,* | | | | | | | | | | **Who?** *(Initials)* | | **When?**  *(Date)* |
|  | | | | | | | | | |  | |  |
| **Review**  What’s working/not working? | | | | | | **Date:** |  | | | | | |
|  | | | | | | | | | | | | |

Signed (Staff); \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed (Pupil); \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_