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| **School Information** |
| School | Headteacher | Locality Choose an item. | Previous schools attended: |
| **Pupil Information** |
| Name | DOB | Gender Male Female | Year group  |
| Attendance | Reduced Timetable Choose an item. | FX 2021/22 (days) | FX 2021/22 (days) | SENChoose an item. | LAC | Young Carer | EAL |
| SSG Level and category of need(main area of need first) | 1. Choose an item. | 2. Choose an item. | 3. Choose an item. |
| **Adverse Childhood Experiences (ACEs)** |
| Domestic Violence [ ]  | Bereavement [ ]  | Household Mental Illness [ ]  | Parental separation [ ]  | Incarcerated family member [ ]  |
| Substance Misuse [ ]  | Emotional Abuse [ ]  | Physical Neglect [ ]  | Physical Abuse [ ]  | Sexual Abuse [ ]  |
| **Agencies involved** | **Name and contact** | **Comments** | **Most recent involvement** |
| Educational Psychologist |  |  |  |
| Speech and Language |  |  |  |
| MAST |  |  |  |
| CILS |  |  |  |
| Social Care |  |  |  |
| Community Youth Team |  |  |  |
| CAMHS |  |  |  |
| Ryegate |  |  |  |
| Other |  |  |  |
| Parental consent – referrals will only be considered when the school has consulted with parents/carers and provided them with Inclusion Panel privacy notice. Please tick (✔) to confirm |  |

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| **Action Plan** (to be completed at Panel) |
|  | **Actions** | **Lead** **(by whom)** | **Date** **(by when)** | **Review Comments (date)** |
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| **What are you worried about?** | **What’s working well?** | **What needs to happen?** |
| **What is behaviour like in school/at home?****Other concerns/complicating factors****What are school most worried about?** | **What are the pupil/family strengths?****What factors are//have been in place when things are/were going well?** | **What would it look like for the pupil to be successful in school?****Next Steps** |
| **Current level of concern**On a scale of 1-10, 10 being they are in control of their behaviour and are doing well in school and 1 being the child is highly likely to be permanently excluded in the next few weeks, where is this child currently? *(Please indicate by shading a number of the scale).* |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |

**Family Circumstances**

**Child’s name (Date)**

Any relevant information

Any relevant information

Any relevant information

Any relevant information

Paternal grand-parents

How often do they see child?

Maternal grand-parents

Others involved

Dad

Sibling

Age(s)

Child

Age ?