|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_