

ID: Pupil name: Date of birth: School year:

## PART B

[illegible]

Good ☐ Average ☐ Poor ☐ Attendance (%):

Period covered:  Was an attendance and welfare officer involved? Yes ☐ No ☐

Name of Attendance Officer:	Tel:
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Statement/EHC Plan: Yes ☐ No ☐ School Support (SS): Yes ☐ No ☐ Other: Yes ☐ No ☐

Are there any possible grounds for considering that this pupil should be transferred using the Fair Access Protocol (FAP)?

Yes No

If 'Yes', please give full details of these grounds in the Comments box on page 6 overleaf.

Has an EHA been carried out or is one being considered? Yes No

Attainment

Has this child been studying for GCSEs or other KS4 examinations? Yes ☐ No ☐

Subject	Examination board	Course code	Date course began	Where was the course studied?

Without this evidence, it will be difficult for a mainstream school to offer a place.

Other agencies involved (please tick). Please attach reports or provide details on an extra sheet.

Educational Psychologist Service	<input type="checkbox"/>	Youth Offending Service	<input type="checkbox"/>	CAMHS	<input type="checkbox"/>
Behaviour Support team or PRU	<input type="checkbox"/>	Child and Family Service	<input type="checkbox"/>	Social Care (see below)	<input type="checkbox"/>
Education provided other than at school	<input type="checkbox"/>	Refugee and Traveller Service	<input type="checkbox"/>	Other	<input type="checkbox"/>
Support for Learning Service	<input type="checkbox"/>	Looked-after team	<input type="checkbox"/>		

Social worker’s name:

Phone number of authority:

Please add any other comments you think we may find helpful.

Other support provided

Pastoral support plan (dates and comments)

Number of days lost due to fixed-term exclusion in the last academic year:

Total number of days lost due to fixed-term exclusion whilst at school:

Has this pupil been permanently excluded? Yes ☐ No ☐

If yes, please provide reason(s) below:

Is this pupil at risk of a permanent exclusion? Yes ☐ No ☐

If yes, please provide reason(s) below:

Please add any other comments you think we may find helpful.

To help this child move easily into their future school, please give full contact details below so the school or local authority can discuss the above with you, if necessary. Thank you for your help in completing this form.

Name:

Tel (including extension):

Email:

School name:

Local authority number:  Department of education number:

Your signature

Date

School stamp

Important information – checklist for school

Before returning this section to the parent please make sure you have done the following:

Met with the family and discussed the reason(s) for transfer. Yes ☐ No ☐

Completed all relevant sections of this form. Yes ☐ No ☐

Added any comments which may be relevant such as any medical or social issues relating to the child or additional support the child has been receiving in school. Yes ☐ No ☐

If the information provided is not sufficient we will need to contact you to discuss the reasons for transfer.