

Pupil Name:

D.O.B:

9 Must be completed by the child's current or most recent headteacher

1. Current school information

If the child has been taken off your school roll please give the reason for leaving and the date removed from your roll.

Date on roll: _____ Date removed from roll: _____

2. Were you aware that the parent or carer has requested to transfer their child to another school? Yes No

If **yes** please confirm that you have discussed this transfer request with the parent and the reason given for the request.

Give details of what support the school has given to the child/parent to resolve any problems this child is experiencing at your school.

3. Attendance rate for the last three terms Autumn term % _____ Summer term % _____ Spring term % _____

4. Student's punctuality a) good (b) cause for concern

If (b) explain what action has been taken: _____

5. Additional education needs

SEN/AEN Register	Yes / No	/	School Action (SA)	Yes / No	/
School Action Plus	Yes / No	/	EHCP / Statement of Special Educational Needs (SEN)	Yes / No	/

6. Agencies involved with the child

Please indicate whether any of the following agencies are involved with the child

Agency	Contact name and telephone number
<input type="checkbox"/> Behaviour Support/PRU	
<input type="checkbox"/> Child and Adolescent, Mental Health (CAMHS)	
<input type="checkbox"/> Counselling	
<input type="checkbox"/> Education Psychology	
<input type="checkbox"/> Attendance Inclusion and Welfare	
<input type="checkbox"/> Youth Offending Service (YOS)	
<input type="checkbox"/> Other	

Please provide further details of any interventions if indicated above _____

7. Number of fixed term exclusions

Please attach a record of the child's exclusion history

Has the child been permanently excluded from this or any previous school? Yes / No /

If yes please provide details _____

Name		School stamp
Position within school		
Name of school		
Telephone number		