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| EP/EXC3 CONFIDENTIAL |
| **NOTIFICATION OF PERMANENT EXCLUSION** |
| This form should be completed as fully and accurately as possible and emailed within one day of the permanent exclusion to PRT@lincolnshire.gov.uk**Incomplete forms will not be accepted since the information is vital for the safe and efficient 6th day admission of pupils into the Lincolnshire Teaching and Learning Centre.****In addition, members of the Independent Review Panel (IRP) will have regard to the Lincolnshire Ladder of Intervention when considering any application for review – as should school PDCs.  If a school has failed to follow the Ladder, the IRP will question the schools reasons for considering permanent exclusion a "last resort" (DfE Statutory Guidance, 2017)** Common Transfer Files (CTF) should be sent to: Lincolnshire Teaching and Learning Centre via S2S. **All sections of the form must be completed.** |
| **SECTION A:** SCHOOL, PUPIL AND PARENT/CARER DETAILS |
| **School Name** |  |
| **Date of PX** |  | **6th day date** |  |
| **School contact** |   |
| **Pupil Full Name** |  | **DOB** |  | **Year group** |  |
| **Known As** |  | **Gender** | Male Female  |
| **UPN** |  | **Mosaic ID** |  |
| **Ethnic Group** |  | **School Year** |  |
|  |  | **Pupil's First Language** |  |
| **Parents(s)/Guardian 1** (This should be the contact detail for student's primary carer/address) |
| **Title** |  | **Full Name** |  |
| **Relationship to Pupil** |  | **PR?** | Yes No |
| **Address** |  | **Parent/Carer's First Language** |  |
|  | **Telephone Number** |  |
| **Post Code** |  | **Mobile Number** |  |
| **Parents(s)/Guardian 2** (This should be the contact detail for student's secondary carer/address) |
| **Title** |  | **Full Name** |  |
| **Relationship to Pupil** |  | **PR?** | Yes No |
| **Address** |  | **Parent/Carer's First Language** |  |
|  | **Telephone Number** |  |
| **Post Code**  |  | **Mobile Number** |  |
| **SEN Support*****PLEASE NOTE: Pupils with EHCPs or Statements should not be permanently excluded without an emergency review having first been convened.*** |
| **Does the pupil have a statement or EHCP?** | Yes No | **Is the student in receipt of SEN support?** | Yes No |
| **Date of last annual review** |  | **Date of emergency review?** | Yes No |
| **Has EHC referral been made?** | Yes No | **Name of SENCO** |  |
| **Please detail the outcome of the most recent review here and attach a copy to this form.** |
| **PLEASE ATTACH A COPY OF THE STATEMENT/EHCP/IEP DETAILING ANY ADDITIONAL NEEDS AND ANY ADDITIONAL SUPPORT REQUIRED** |
| **AGENCY INVOLVEMENT INCLUDING SOCIAL CARE** *PLEASE NOTE: Pupils who are looked after must not be permanently excluded without reference to the Virtual School and the Director of Children's Services* |
| **Is the pupil subject of:** | Child in Care Status | Child Protection Plan | Child in Need | Team Around the Child | Receiving free school meals |
| **Date of last meeting/review** |  | **Date of next meeting/review** |  |
| **Social Worker/Lead Professional Name** |  |
| **Telephone Number** |  | **Agency** |  |
| **Email Address** |  |
| **Have you discussed this exclusion with the social worker/lead professional?** | Yes No |
| **Youth Offending Service / Police** |  Yes No  |
| Description of involvement |
| **Please note any other agency involvement here;** |
| **Date of admission to school:** | **Previous schools attended** |
| **PASTORAL SUPPORT PLAN***Please attach a copy of the child's most recent pastoral support plan (PSP)* |
| **Date of implementation of first PSP** |  | **Date of most recent review meeting** |  |
| **Have you held an emergency PSP review?** |  |  |  |
| **If not, please state the reasons why;** |
| **SECTION B:** REASON FOR EXCLUSION*Please refer to sheet entitled 'National Standard List of Reasons for Exclusions'**Where a single category provides a suitable description of the reason for the exclusion, that should be selected e.g. Damage. However where appropriate, up to three categories may be recorded**E.g. Bullying - Racist Abuse* |
| **Physical assault against a pupil** |  | **Drugs and Alcohol Related**(please indicate which)DrugsAlcoholTobacco |  |
| **Physical assault against an adult** |  |
| **Verbal abuse/threatening behaviour against a pupil** |  |
| **Verbal abuse/threatening behaviour against an adult** |  |
| **Bullying** |  |
| **Racist Abuse** |  |
| **Damage** |  | **Use or threat of use of an Offensive Weapon or Prohibited item.**Indicate nature of itemProhibited Item (e.g. Aerosol/Lighter/Laser pen)Offensive item (e.g. Knife/BB gun/Weapon)Object used Offensively (e.g. Classroom Object) |  |
| **Theft** |  |
| **Sexual Misconduct** |  |
| **Inappropriate use of Social Media or Online Technology** |  |
| **Persistent Disruptive Behaviour** |  |
| **Abuse against Sexual Orientation and Gender Identity** |  |
| **Abuse relating to Disability** |  |
| **Willful and repeated transgression of protective measures in place to protect public health** |  |
| Please give a detailed description of the incident(s) which led to the decision to permanently exclude that **have not** been included in the letter of notification to parents |
|  |
| **An account of the investigation of the incident (timeline and staff involved)** |
|  |
| **Parental views** |
|  |
| **Student Account of Incident and Views***The DfE guidance states: "excluded pupils should be enabled and encouraged to participate at all stages of the exclusion process taking into account their age and understanding"* |
|  |
| **Would you have any concerns about a Pupil Reintegration Caseworker making a home visit?** |
| **IS THE PERMENANT EXCLUSION IS RESPONSE TO A ONE-OFF INCIDENT OR PERSISTENT MISCONDUCT** |
| **One-off Incident** | **Persistent Misconduct** |
| Complete section C | Complete section D |
| **SECTION C:** PERMANENT EXCLUSION FOR A ONE-OFF INCIDENT |
| *The local authority endorses a restorative approach to behaviour whereby, if a pupil has damaged a relationship or breached the school's behaviour policy, they should be given the opportunity to repair harm, to renew their commitment to school ethos and to learn from the mistake.**Schools are required to indicate what has prevented all of the following inclusive measures from either enabling the pupil to remain in school or undertaking a managed move.* |
| **Inclusive Measure** | **School Action/Decision** |
| Provide opportunity for the pupil to repair the harm and embark on a period of close monitoring. |  |
| Refer to 2012 guidance on drugs misuse to avoid permanent exclusion for possession and LSCB model drugs policyFor more serious incidents, consult the LCC Drugs and Substance Misuse Protocol. |  |
| Consider intent with possession of (potential) weapon. Carry out a risk assessment, using LSCB banned items model policy |  |
| Consider mitigating circumstances, e.g. bullying or bereavement. |  |
| If none are sufficient to allow the pupil to remain in the school then a managed move should be considered |  |
| **SPECIAL CASES - The "Final Straw" Scenario**If the breach of policy justifies a permanent exclusion only because of previous violations, then it must be categorised as "Persistent Disruptive Behaviour" to accurately reflect this. The pupil will then, therefore, be expected to have been supported through the steps outlined in Section D. |
| **SECTION D:** PERMANENT EXCLUSION FOR PERSISTENT MISCONDUCT |
| **THE LINCOLNSHIRE LADDER OF BEHAVIOURAL INTERVENTION***The following section refers to the Lincolnshire Guidance as underpinned by current statutory guidance* |
| **Step One** |
| **Has the pupil been screened for any unmet learning needs?** | Yes No | **Date this was undertaken** |  |
| **What was identified?***Were any unmet needs found?**What were they?* |  |
| **What action was taken?***Detail school support, agency support, IEP, pen portrait etc* |  |
| **Have you offered to complete an early help assessment with the pupil/family?** | Yes No | **Date this was offered/completed** |  |
| **If not, please state the reasons why** |  |
| **Step Two** |
| **Have you made a referral to BOSS?** | Yes No | **If not, why?** |  |
| **Date of referral** |  | **Outcome of referral***(accepted or rejected)* |  |
| **Have you considered a managed move?** | Yes No | **If not, why?***If yes, please note which school was identified and list actions taken towards this* |  |
| **Step Three***PLEASE NOTE: prior to accessing a pre-exclusion placement BOSS support must have been accessed* |
| **Have you applied for a pre-exclusion placement at the Springwell Lincoln City Academy ?** | Yes No | **Outcome of Application***(accepted or rejected)* |  |
| **If not, please state the reasons why;** |
| **SECTION E: Key Educational Information** |
| Pupil strengthsPupil needsPupil wishes and feelings |  |
| Examples of teaching strategies that generate positive outcomes, day to day |  |
| Examples of strategies that are most effective when problems arise and challenging behaviour is presented |  |
| Are there any attendance issues?  | Detail of attendance issues / truancy episodes | Current % attendance |
| **Achievement/Attainment**It is vital that sufficient information on the academic performance of the pupil is provided to enable suitable educational provision to be made available within the statutory time limits.

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| --- | --- | --- | --- | --- |
| Subject | Teacher Assessment  | GCSE/FSInformation & Examination board | Current grades/levels | Expected grades/levels |
| KS1 | KS2 | KS3 |
| English |  |   |  |  |  |  |
| Maths  |  |  |  |  |  |  |
| Science |  |  |  |  |  |  |
| ICT |  |  |  |  |  |  |
| Technology |  |  |  |  |  |  |
| Art |  |  |  |  |  |  |
| Drama  |  |  |  |  |  |  |
| PSHE/CIT |  |  |  |  |  |  |
| PE |  |  |  |  |  |  |
| History |  |  |  |  |  |  |
| Geography |  |  |  |  |  |  |
| Languages |  |  |  |  |  |  |
| Music |  |  |  |  |  |  |
| RE |  |  |  |  |  |  |

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| **Additional Pupil Information (e.g. other achievements/areas of interest/skills)****Boxall Profile Attached Yes / No** |
| **Signed** **…………………………………………………………………………….**(Headteacher/Acting Headteacher) | **Date****…………………………** |
| This form should be completed as fully and accurately as possible and emailed within **one school day** of the permanent exclusion to: PRT@lincolnshire.gov.uk. Pupil Reintegration Team, Children's Services, County Offices, Newland, Lincoln, LN1 1YQ01522 554525 |

**Checklist**

Please ensure that the following documents are included:

|  |  |  |  |
| --- | --- | --- | --- |
| Risk assessment (below) |  | Statement / EHC plan |  |
| PSP |  | School Attendance Record |  |
| TAC/CIN/CP/LAC plan |  | A copy of head teacher's letter to parents/carers |  |
| Medical information |  | Any other relevant documentation |  |

**INDIVIDUAL RISK ASSESSMENT**

|  |  |
| --- | --- |
| NAME:  | YEAR: |
| EXCLUDING School:  | Person Completing and Position: | DATE OF COMPLETION:  |
| WHO MIGHT BE HARMED? Employees, students, work experience students, new & expectant mothers and members of the public | HOW MANY ARE AFFECTED? |
| BRIEF HISTORY:  |
| **HAZARDS****RESIDUAL RISK OF HARM TO OTHERS etc.** | ✓ if applicable (any previous history?) | CONTROL MEASURES/COMMENTS | HIGHMEDIUMLOWRisk? |
| * Bites / spits
 |  |  |  |
| * Grapples / wrestles / inappropriately touches / pushes
 |  |  |  |
| * Head butt
 |  |  |  |
| * Kicks / stamps
 |  |  |  |
| * Lies on floor / thrashes about on floor
 |  |  |  |
| * Self harm
 |  |  |  |
| * Shouts / screams
 |  |  |  |
| * Slams door
 |  |  |  |
| * Slaps / pinches / punches / scratches / pushes / pulls hair
 |  |  |  |
| * Throw items / uses ‘weapons’
 |  |  |  |
| * Unpredictable behaviour
 |  |  |  |
| * Verbal abuse / threats
 |  |  |  |
| * Causes damage
 |  |  |  |
| **HAZARDS** | ✓ if applicable (any previous history?) | CONTROL MEASURES/COMMENTS |  HIGHMEDIUMLOWRisk? |
| * Disruption to classes
 |  | . |  |
| * Graffiti
 |  |  |  |
| * ‘Runner’?
 |  |  |  |
| * Attachment to inappropriate persons
 |  |  |  |
| * Targets other pupils / other individuals
 |  |  |  |
| * Other ‘high profile’ pupils also PX from same school?
 |  |  |  |
| * Implications with off site visits?
 |  |  |  |
| * Arsonist?
 |  |  |  |
| * Climber?
 |  |  |  |
| * Carries Weapons?
 |  | . |  |
| * Known to use legal or illegal ‘highs’ or other drugs?
 |  |  |  |

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| KNOWN ‘TRIGGERS’ FOR UNACCEPTABLE BEHAVIOUR | ✓ if applicable (any previous history?) | COMMENTS | HIGHMEDIUMLOW Risk? |
| FOR EXAMPLE: |  |  |  |
| * Inability to cope with group activities
 |  |  |  |
| * Does not accept rules / instructions
 |  |  |  |
|  |  |  |  |

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| Are there any other foreseeable hazards associated with this pupil? Please circle YES/NOList any additional control measures e.g. Must not be alone with pupil/High risk on trips or visits/climbs out of windows |
| LINE MANAGER’S COMMENT: (e.g. list any action required that has been referred to higher management, and state to whom it has been referred): |