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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) | | SEN  Choose 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 ?