**Explanatory Notes for Completion of**

**Documentation for ALL Slough Permanent Exclusions**

**Please find below explanatory notes on the paperwork required to be completed, and when, for ALL notifications of Slough Permanent Exclusions.**

**Permanent Exclusions – the Local Authority, Governing Board and Social Worker (where appropriate) MUST be notified without delay**

For permanent exclusions the governing body must convene a meeting to consider reinstatement of the permanently excluded pupil within 15 school days of receiving notice of the permanent exclusion.

**NB**: If the pupil **does not** live within the Slough Local Authority, **the Headteacher must also advise the ‘home’ Local Authority of the exclusion** so that they can make arrangements for the pupil’s full-time education from and including the sixth school day of the permanent exclusion.

Please **fully** complete **ALL** sections of the Exclusions Form (EX1)and forward

**ON DAY 1** to

**Paula Doneghan, In-Year and Fair Access Team Leader**

**Paula.doneghan@slough.gov.uk** **and** **fairaccess@slough.gov.uk**

**Permanent Exclusion Form – All Sections must be completed**

**SECTION A – School and Student Details:**

|  |
| --- |
| **excluding school:**  |
| **forename of child:** | **surname of child:** |
| **dob: dd/mm/yy** | **gender: male [ ]  female [ ]**  |
| **upn:** | **year group:** |
| **address:** |
|  | **post code:** |
| **SLOUGH LA Pupil:**  Yes **[ ]** No **[ ]**  | **Other LA: (Provide details)** |
| **Free School Meals (FSM) required:** | **Yes** **[ ]  No** **[ ]**  |

**SECTION B – Exclusion Details**

|  |  |
| --- | --- |
| **Date of permanent Exclusion : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **date of discipline committee / reintegration meeting****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Date 6th day provision is required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **primary reason for exclusion (national category) – please cross one reason only** |
| **Use of Threat of an offensive weapon or prohibited item  [ ]**  | **Abuse against sexual orientation and gender identity [ ]**  |
| **Abuse relating to disability [ ]**  | **inappropriate use of social media or online technology [ ]**  |
| **wilful and repeated transgression of protective measures in place to protect public health [ ]**  | **physical assault against adult [ ]**  |
| **physical assault against pupil [ ]**  | **bullying [ ]**  |
| **verbal abuse/threatening behaviour against pupil [ ]**  | **racist abuse [ ]**  |
| **verbal abuse/threatening behaviour against adult [ ]**  | **drug and alcohol related [ ]**  |
| **sexual misconduct [ ]**  | **persistent or general disruptive behaviour . [ ]**  |
| **damage [ ]**  | **Theft [ ]**  |
| **additional information (must be completed)** :       |

**SECTION C – Monitoring Information:**

|  |  |  |
| --- | --- | --- |
| **ethnicity:** | **religion:** | **home language:** |
| **does the pupil have special educational needs?*if yes*, *please tick sen stage*** | yes [ ]  no [ ]  | EHCP [ ]  | under assessment [ ]  |
|  |  |
| **is the pupil in public care?** yes [ ]  no [ ]  Public Care means either:* The child is accommodated by a Local Authority, and placed with a foster carer or in a children’s home, or
* The child is subject of a care order (s. 31 Children Act 1989)
 |
| **Does the pupil have a social worker****If yes / Social workers details** | yes [ ]  no [ ]  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Contact no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **does the pupil have a psp / iep / pep (please attach)** | **psp** yes [ ]   no [ ]  | **iep** yes [ ]  no [ ]  | **pep** yes [ ]   no [ ]  |

**SECTION D – Contact Details:**

|  |  |  |
| --- | --- | --- |
| **school contact:** | **name:**       | **telephone number:**       |
| **parent/carer name:**       |
| **contact telephone:**  | **home:**       | **work:**       | **mobile:**       |
| **Email:**       |
| **other contact details – name:**        |
| **address:** **post code:** |
| **contact telephone:**  | **home:**       | **work:**       | **mobile:**       |
| **doctor’s surgery and telephone number**  | **any known medical condition:**       |
| **address:** |
| **contact telephone:**       |  |

**SECTION E – Information for FAP Meeting:**

|  |  |
| --- | --- |
| **previous school(s), with dates:** |       |

**Primary:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **attendance** | **year 1**      % | **year 2**     % | **year 3**      % | **year 4**      % | **year 5**      % | **year 6**      % |
| **attainment summary:** | **key stage 1:** | **en level:**       | **ma level:**       |
|  | **key stage 2** | **en level:**       | **ma level:**       | **sc level:**       |

**Secondary:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **attendance** | **year 7**      % | **year 8**      % | **year 9**      % | **year 10**      % | **year 11**      % |
| **attainment summary:** | **key stage 3** | **en level:**       | **ma level:**       | **sc level:**       |
|  | **key stage 4** | **en level:**       | **ma level:**       | **sc level:**       |
| **midyis band:**       | **yellis band:**       |
| **current performance:**       |

**previous Exclusion Details:**

|  |
| --- |
| **summary OF PREVIOUS EXCLUSIONS (INCLUDING DATES AND REASONS:**      |

**agency involvement:**

|  |  |  |  |
| --- | --- | --- | --- |
| **early intervention involvement:** | **dates:** | **reason:** | **outcome:** |
| **behaviour support: [ ]**  |      |      |      |
| **learning support: [ ]**  |      |      |      |
| **camhs: [ ]**  |      |      |      |
| **eps: [ ]**  |      |      |      |
| **early Help / EWO [ ]**  |      |      |      |
| **family support: [ ]**  |      |      |      |

|  |  |  |  |
| --- | --- | --- | --- |
| **other agency involvement:** | **dates:** | **reason:** | **outcome:** |
| **outreach : [ ]**  |      |      |      |
| **social care: [ ]**  |      |      |      |
| **yot / police: [ ]**  |      |      |      |
| **other: [ ]**  |      |      |      |

|  |  |  |
| --- | --- | --- |
| **school support strategies / intervention** | **dates:** | **outcome:** |
|      |      |      |

|  |
| --- |
| **parental involvement:**      |

**conclusion / headteacher guidance: (MUST BE COMPLETED)**

|  |
| --- |
|      |

|  |  |
| --- | --- |
| **name of person completing form & designated post** (**block capitals)** |  |
| **signature:** | **date:** |

|  |  |
| --- | --- |
| **Headteacher** |  |
| **signature:** | **date:** |

**Please note: This form must be signed by the Headteacher**

|  |
| --- |
| **Please send this form together with a copy of the letter sent to the pupil’s parent/carer to:****Paula Doneghan, In-Year and Fair Access Team Leader****Email:** **paula.doneghan@slough.gov.uk** **and** **fairaccess@slough.gov.uk** |