

**CONFIDENTIAL**

**Form Ex 3**

**PUPIL EXCLUSION – Transfer Information**

/ /

**Pupil’s Date of Birth Year**

**Surname Group**

**Pupil’s SEN Status**

**Forename**

**UPN No: Ethnic**

Girl / Boy

(Delete as appropriate)

**Origin**

Postcode

**Pupil’s**

**Address**

**Postcode**

**Parent’s Telephone No**

**Name**

**Excluding**

**School**

**Please attach copies of the following information, either electronically from your school’s Educational Management System OR as a hand-written paper copy;**

|  |  |
| --- | --- |
|  | **Please tick** |
| **Excluding Form Ex1** |  |
| **Letter to parents informing them of the permanent exclusion** |  |
| **Recent Attendance Record Sheet** |  |
| **PSP/IEP** |  |
| **Current Academic Attainment Sheet** |  |
| **List of alternative strategies tried by the school or highlighted Matrix of Need for SEND school support pupils’ area of primary need** |  |
| **List of fixed-term exclusions this academic year (days/reasons)** |  |
| **Name and contact details of Safeguarding link in school where contact is required** |  |

**What interventions have taken place/attempted prior to the Exclusion?**

**If the young person is on the SEND register please discuss the graduated response in respect of their needs and what support is in place as set out in the Bradford Matrix of Need**

**Are there any positive or negative issues with: parents**, **adults or peers?**

**Any additional comments/information that will help the Alternative Provision:**

**Risk Assessment / Health and Safety Advice**

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessing the risk to Health and Safety** | **Never** | **Occasionally** | **Frequently** |
| Has the pupil been known to threaten other pupils? |  |  |  |
| Has the pupil been known to use sexually offensive or threatening language? |  |  |  |
| Has the pupil been known to assault another young person? |  |  |  |
| Has the pupil been known to threaten staff? |  |  |  |
| Has the pupil been known to assault an adult? |  |  |  |
| Did any assault(s) lead to actual bodily harm? |  |  |  |
| Did the assault(s) use weapons/objects? |  |  |  |
| Did the assault(s) lead to medical treatment? |  |  |  |
| Has the pupil or adult had time off as a result of assaults/threats? |  |  |  |
| Has the pupil been known to damage property? |  |  |  |
| Has the pupil committed any criminal offence? |  |  |  |
| Has there been any police involvement in previous incidents? |  |  |  |
| Has the pupil been known to do him/herself physical harm? |  |  |  |
| Has the pupil had to be physically restrained? |  |  |  |
| Has the pupil made any allegations against members of staff? |  |  |  |
| Has the parent/carer made any allegations against members of staff? |  |  |  |
| **Additional Resources or Support (other than routinely available)** | Yes | No | Unknown |
| Full time attendance of an additional member of staff |  |  |  |
| Special training for staff? |  |  |  |
| Special supervision during breaks, outside activities or particular subject areas? |  |  |  |
| Additional staffing ‘on hand’ |  |  |  |
| Support from Social Services or similar? |  |  |  |
| Support from mental health agencies? |  |  |  |
| Multi-agency support? |  |  |  |
| Reduced timetable at the time of PEX? |  |  |  |
| Reduced timetable previously |  |  |  |
| Other (please specify)  Click here to enter text. |  |  |  |

|  |
| --- |
| **Please use this space to detail any further health and safety/risk management advice and attach any current care plan or risk assessment in place.** |

**Teacher responsible for the completion of this form:**

|  |  |
| --- | --- |
| **Signed:** |  |
| **Print name:** |  |
| **Title:** |  |
| **Date:** |  |

**Please return this form by Galaxkey secure email to** [**exclusionsteam@bradford.gov.uk**](mailto:exclusionsteam@bradford.gov.uk)