Herefordshire Council: Children and Families Directorate **Notification of suspension and permanent exclusion of pupils from school**

Please complete all sections of this form immediately upon a suspension or permanent exclusion occurring, and return it to the ‘SEN/Additional needs’ via Anycomms+.

| **1. Pupil details** |  | | | | | |  | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **UPN:** |  | | |  | | |  | |
| **School:** |  | | |  | | | **DfE No:** |  |
| **Name of Pupil:** |  | | |  | | | **Gender:** |  |
| **Date of Birth:** |  | | |  | | | **Year Group:** |  |
| **Address:** |  | | | | | |  |  |
| **Post Code:** |  | | |  | | | **Telephone:** |  |
| **Name of Parent/Carer/Guardian:** | | | |  | | |  | |
| **Is this pupil looked after by social services?** | | |  |  | **Local**  **Authority:** | |  | |
| **Ethnicity:** |  | | |  | | | | |
| **FSM:** |  | **FSM Ever 6:** | |  | | **Pupil Premium:** | |  |

| **2. Please detail the main reason for this exclusion/suspension** | |
| --- | --- |
|  | |
| Please give any further details as to reason for this suspension or permanent exclusion (if necessary): | |
| **Suspension or permanent exclusion?** |  |
| **If permanent, is the exclusion for (please tick):** | |
|  A single serious incident |  An accumulation of incidents |
| Date exclusion commenced:  Date suspension commenced: | Date suspension ends: |
| **If suspension:** | |
| *Specify the number of days or lunchtime exclusions (One lunchtime exclusion = ½ day):* | *Specify the aggregate number of days During the current school year:* |
| Will the pupil as a result of the exclusion lose an opportunity to take any public examinations at your school within the current year? Yes / No | |
| **List of all suspensions/permanent exclusions this academic year:** | |

| **Start Date** | **Type** | **Days** |
| --- | --- | --- |
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| Head Teacher Signature: | Date: |
| --- | --- |

| Page 2  Date suspension/permanent exclusion commenced:    **3.** **Name of pupil:**  **School:**    Is the pupil known to have a medical/psychological problem which may influence behaviour? Yes / No    What steps have been taken to address this? Please specify:        For pupils with SEN    **SEN Status:**    **SEN Need Category:** | | | |
| --- | --- | --- | --- |
| **4. Which of the following agencies are involved with the pupil or family:** | | | |
|  | Date of first  Involvement | Date of Current Involvement | Name |
| Educational Psychologist |  |  |  |
| Behaviour Support |  |  |  |
| CLD Youth Counselling Trust |  |  |  |
| Brookfield Intervention Class |  |  |  |
| PRU Intervention Placement |  |  |  |
| Youth Offending Team |  |  |  |
| Social Services |  |  |  |
| Police |  |  |  |
| CAMHS |  |  |  |
| Early Help Assessment |  |  |  |
| Other |  |  |  |

Head teacher’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For all suspensions/exclusions - supporting information should be supplied with this form.