SCHOOL EXCLUSION NOTIFICATION FORM

Inclusion, Learning and Achievement

Please complete all details as fully as possible and return the form to

 exclusions@royalgreenwich.gov.uk

|  |  |  |
| --- | --- | --- |
|  | **SCHOOL NAME** |  |
|  | **PUPIL INFORMATION** |
|  | SURNAME |  | FORENAME(S) |  |
|  | UPN |  | DOB |  | YEAR GROUP |  | GENDER | M / F |
|  | SEN STAGE (tick stage) | N – no special provision |  | K – SEN Support |  | E – Education, Health & Care Plan |  |
|  | PUPIL PREMIUM? | Y / N | CURRENT FSM? | Y / N | CIN  | Y / N | CP  | Y / N |
|  | HAS THIS STUDENT GOT NIL RECOURSE TO FUNDS STATUS? (This means they have no entitlement to welfare benefits, including income support, housing benefit and a range of allowances and tax credit) Y / NIS THE STUDENT LOOKED AFTER? (i.e. children subject to care orders and those who are accommodated) Y / N |
|  | PARENT/CARERS NAME |  |
|  | ADDRESS |  |
|  | POSTCODE |  |
|  | PHONE NO |  |
|  | HOME BOROUGH: | Royal Borough of Greenwich **(please confirm this)** |
|  | **ETHNIC GROUP** |  |  |
|  | ASIAN/ASIAN BRITISH |  | MIXED BACKGROUND |
|  |  | Bangladeshi | ABAN |  |  | White /Asian | MWAS |
|  |  | Indian | AIND |  |  | White/Black African | MWBA |
|  |  | Any other Asian background | AOTH |  |  | White/ Black Caribbean | MWBC |
|  |  | Pakistani | APKN |  |  | Any other mixed background | MOTH |
|  | BLACK/BLACK BRITISH |  | WHITE |
|  |  | Caribbean | BCRB |  |  | British | WBRI |
|  |  | Ghanaian | BGHA |  |  | Irish | WIRI |
|  |  | Nigerian | BNGN |  |  | Traveller Irish Heritage | WIRT |
|  |  | Somali | BSOM |  |  | Gypsy Roma | WROM |
|  |  | Other Black African | BAOF |  |  | White European | WEUR |
|  |  | Any other Black background | BOTH |  |  | Turkish/Turkish Cypriot | WTUR |
|  | OTHER BACKGROUND |  |  | White Other | WOTW |
|  |  | Chinese | CHNE |  | UNKNOWN |
|  |  | Vietnamese | OVIE |  |  | Refused | REFU |
|  |  | Any Other ethnic group | OOEG |  |  | Information Not yet obtained | NOBT |

 **EXCLUSION INFORMATION**

 **REASON FOR EXCLUSION** **(tick most relevant reason using one of the DfE codes)**

Exclusion Notification Dec 21

|  |  |  |  |
| --- | --- | --- | --- |
|   | Abuse against sexual orientation and gender identity |   | Physical assault against a pupil |
|   | Abuse relating to disability |   |  Racist abuse |
|   | Bullying |   | Sexual misconduct |
|   | Damage |   | Theft |
|   | Drug and alcohol related |   | Use or threat of use of an offensive weapon or prohibited item |
|   | Inappropriate use of social media or online technology |   | Verbal abuse / threatening behaviour against an adult |
|   | Persistent disruptive behaviour |   | Verbal abuse / threatening behaviour against a pupil |
|  | Physical assault against an adult |  |  |

**Reason for exclusion**:

**Please be explicit about the reason. If, for example, the pupil has sworn at a member of staff, please state what was said. If there has been violence used by the pupil, say what actually happened. We are now required by the Audit Commission and other agencies to supply reasons for exclusions and the use of terms like "aggressive behaviour" or "abusive language" is not clear. They do not give us a precise picture of the problems that a particular school is facing. If it is a drug related exclusion, do not use terms such as “illegal or illicit substance”, please specify which drug, if possible:**

I confirm that the parent(s) / carer(s) of the pupil and the Chair of the Governing Body have been contacted and advised of this exclusion in accordance with the School’s stated procedure. I attach a copy of the letter sent to the parent(s) / carer(s).

 Date Signed (Print)

**Are any of the agencies below known/involved with this pupil or family? (please tick those that apply):**

|  |  |  |  |
| --- | --- | --- | --- |
| GP/ Health Services/Nurse |  | Early Help |  |
| Educational Psychologist |  | CAMHS/other therapeutic |  |
| Early Help |  | Youth Offending Service |  |
| Children’s Social Care |  | Other/s: |  |

|  |
| --- |
| **Please outline their involvement and list any particular contacts. You may wish to attach relevant documents.** |
| **Name:**  | **Involvement:**   | **Contact:**  |

Exclusion Notification Dec 21

|  |
| --- |
| **\*Must be completed:** |
| English - reading | English – writing  | maths |
|  |  |  |
| **Reading age:**  | **Spelling age:**  |
| **Key Stage 4**  | **ULN:**  |
| GCSE subjects  | Exam board | Current grade | Predicted grade |
|  |  |  |  |

**Student’s Name:**   **DOB:**

**Please use sheet to assist in identifying any risk that should be known, in order to meet the future needs of all Excluded pupils.**

Exclusion Notification Dec 21

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **RISK** | **None** | **Low** | **Medium** | **High** | **Immediate** |
| **As a victim:** |
| Physical injury from other people |  |  |  |  |  |
| Physical injury from self (self-harm) |  |  |  |  |  |
| Physical injury from accident or recklessness |  |  |  |  |  |
| Suicide |  |  |  |  |  |
| Being bullied |  |  |  |  |  |
| Being held against his/her will |  |  |  |  |  |
| Being sexually exploited |  |  |  |  |  |
| Pregnancy |  |  |  |  |  |
| Contact with sexually transmitted diseases |  |  |  |  |  |
| Absconding |  |  |  |  |  |
| Being racially harassed |  |  |  |  |  |
| **As a perpetrator:** |
| Being involved in offending |  |  |  |  |  |
| Setting fires  |  |  |  |  |  |
| Being involved in physically abusing others |  |  |  |  |  |
| Being involved in sexually abusing others |  |  |  |  |  |
| Being involved in emotionally abusing others |  |  |  |  |  |
| Being involved in verbally abusing others |  |  |  |  |  |
| Bullying others |  |  |  |  |  |
| Sexually exploiting others |  |  |  |  |  |
| Supplying illegal drugs |  |  |  |  |  |
| Letting undesirable people onto premises |  |  |  |  |  |
| Disabling fire alarms |  |  |  |  |  |
| Throwing missiles from/into the room |  |  |  |  |  |

**Please continue onto the strengths and difficulties section for all Excluded pupils.**

**Strengths and difficulties**

For each item, please mark the box for Not true, Somewhat true or certainly true. It would help us if you answered all items as best you can even if you are not absolutely. Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Exclusion Notification Dec 21

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Not true** | **Somewhat true** | **Certainly true** |
| Considerate of other people's feelings |  |  |  |
| Restless, overactive, cannot stay still for long |  |  |  |
| Often complains of headaches, stomach-aches or sickness |  |  |  |
| Shares readily with other children (treats, toys, pencils etc.) |  |  |  |
| Often has temper tantrums or hot tempers |  |  |  |
| Rather solitary, tends to play alone |  |  |  |
| Generally obedient, usually does what adults request |  |  |  |
| Many worries, often seems worried |  |  |  |
| Helpful if someone is hurt, upset or feeling ill |  |  |  |
| Constantly fidgeting or squirming |  |  |  |
| Has at least one good friend |  |  |  |
| Often fights with other children or bullies them |  |  |  |
| Often unhappy, down-hearted or tearful |  |  |  |
| Generally liked by other children |  |  |  |
| Ea sily distracted, concentration wanders |  |  |  |
| Nervous or clingy in new situations, easily loses confidence |  |  |  |
| Kind to younger children |  |  |  |
| Often lies or cheats |  |  |  |
| Picked on or bullied by other children |  |  |  |
| Often volunteers to help others (parents, teachers, other children) |  |  |  |
| Thinks things out before acting |  |  |  |
| Steals from home, school or elsewhere |  |  |  |
| Gets on better with adults than with other children |  |  |  |
| Many fears, easily scared |  |  |  |
| Sees tasks through to the end, good attention span |  |  |  |
| Any other comments, including if this pupil would be suitable for another mainstream placement? |

Signature of Headteacher: Date:

Name:

**\* Please include the pupil’s attendance report & behaviour log**

**For any queries please contact the Inclusion Service Manager, Angela Cetindal on 07964 108 735 or school-inclusion-support@royalgreenwich.gov.uk**

**Please return completed form to:** **exclusions@royalgreenwich.gov.uk**

Please clearly state exclusion in the subject box

This information is being collected to monitor the educational progress of the named pupil.

The information may also be shared with other agencies involved with the pupil’s education or welfare and used to provide

statistical data in anonymised form. If you have any queries regarding this please contact the Inclusion Team.

Exclusion Notification Dec 21