

**Notification Form**

**Permanent Exclusion from Kirklees Schools**

**To be used from September 2023**

**Schools must submit the following information to the LA on the day the headteacher made the decision to permanently exclude:**

* Section A1: Information about the child
* Section A2: Information about the Permanent Exclusion / Fixed Term Exclusions
* Section B: Attendance & Managed Moves
* Section C: Other professionals involved
* Section D: Curriculum & Support Planning
* Section E: Risk assessment

**Please submit this form to the LA without delay once the head teacher has made the decision to exclude, please include a copy of the exclusion letter when submitting this form.**

How to submit the notification to the local authority (Kirklees): Link: <https://sst.kirklees.gov.uk/Login>

Select: Upload to a Service - Exclusions Select: Service - Exclusions

**Please do not send this information by post**

**For further information please contact:**

**Kirklees:** Tel: 01484-221919 [education.safeguardingservice@kirklees.gov.uk](mailto:education.safeguardingservice@kirklees.gov.uk)

**Exclusions Officers:** [allison.langdale@kirklees.gov.uk](mailto:allison.langdale@kirklees.gov.uk) / [tracy.rider@kirklees.gov.uk](mailto:tracy.rider@kirklees.gov.uk)

**Contact numbers:** Allison Langdale 07803508295 / Tracy Rider 07548218459

**DFE Exclusion Guide for Parents – from September 2023**

A guide for parents on school behaviour and exclusion - GOV.UK (www.gov.uk)



**Information and support on school suspensions and exclusions can be found on the Kirklees Council Local Offer page:**

[Exclusions advice for schools | Exclusions | Kirklees SEND Local Offer (kirkleeslocaloffer.org.uk)](https://www.kirkleeslocaloffer.org.uk/sendco-professional-information-and-resources-page/exclusions/exclusions-advice-for-schools/)

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| --- | --- |
| **Section A: Information about the child** | |
|  | |
| UPN | Click here to enter text. |
| First Name | Click here to enter text. |
| Surname | Click here to enter text. |
| Gender | Click here to enter text. |
| Ethnicity | Click here to enter text. |
| Date of Birth | Click here to enter a date. |
| Year Group | Click here to enter text. |
| **SEN status** | **No SEN**  **SEN SUPPORT**  **EHCP request submitted EHCP decision to assess  EHCP** |
| Category of Need | Click here to enter text. |
| Date of EHCP Final Plan (if applicable) | Click here to enter a date. |
| Date of last annual or early annual review. | Click here to enter a date. |
| If the pupil has a physical disability, please provide basic details | Click here to enter text. |
| Please indicate EHCP decision to assess date or date EHCP request was submitted (if applicable). | Click here to enter a date. |
| **Is the pupil a Child in Care?** | **YES**  **NO** |
| If ‘Yes’, please name the Local Authority and allocated Social Worker | Click here to enter text. |
| Is the child Previously Looked after? | **YES**  **NO** |
| If parents live at separate addresses, **please provide an alternative contact address and telephone number** | Click here to enter text. |
| Family home language | Click here to enter text. |
| Details of any other agencies involved with this pupil should be added in section C | Click here to enter text. |
| Parents’ or carers’ name and address & contact details. | Click here to enter text. |
| If parents live at separate addresses **please give alternative contact address and telephone number** | Click here to enter text. |
| Family home language if different from above. | Click here to enter text. |

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| **Section A2: Information about the permanent exclusion** | |
| School Name | Click here to enter text. |
| Previous schools attended (including primary) | Click here to enter text. |
| Reason for permanent exclusion | Choose an item. |
| **1st Day (date)** of Head Teachers decision to permanently exclude | Click here to enter a date. |
| DATE DAY 6 REQUIRED | Click here to enter a date. |
| **DFE Guidance**: **NEW GUIDANCE IS IN PLACE FOR SEPTEMBER 2023**  [Suspension and Permanent Exclusion guidance July 2022 (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1159438/Suspension_and_permanent_exclusion_guidance_-_May_2023.pdf) | |
| Please indicate if the police been informed? *(if permanent exclusion is a criminal offence)* | Click here to enter text. |

**Suspension records** (please indicate suspension history over the current and previous two terms)

|  |  |  |
| --- | --- | --- |
| **AUTUMN Term** | Number of days suspensions (1 lunchtime = 0.5 days exclusion) | Click here to enter text. |
| **SPRING Term** | Number of days suspensions (1 lunchtime = 0.5 days exclusion) | Click here to enter text. |
| **SUMMER Term** | Number of days suspensions (1 lunchtime = 0.5 days exclusion) | Click here to enter text. |

Reason for suspension (please include reasons for all suspensions)

Click here to enter text.

Attendance % on the day of the exclusion

**Section B: Attendance & Managed Moves**

Click here to enter text.

**Schools, including academies and free schools, should:** Inform the local authority of any part- time education arrangements, regardless of the type of school.

**Part-time timetables guidance from Kirklees:**

[Reduced (part-time) timetables in school | General information and advice | Kirklees SEND Local](https://www.kirkleeslocaloffer.org.uk/information-and-advice/general-information-and-advice/reduced-part-time-timetables-in-school/) [Offer (kirkleeslocaloffer.org.uk)](https://www.kirkleeslocaloffer.org.uk/information-and-advice/general-information-and-advice/reduced-part-time-timetables-in-school/)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Is the pupil in school full-time? (Y/N)** | |  | | | | |
| If part time please outline their current education offer in terms of hours. *Please note the use of category ‘B’ should be used in line with DFE guidance (see below)* |  | **Mon** | **Tues** | **Wed** | **Thur** | **Fri** |
| AM | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| PM | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

# School attendance: guidance for schools

*Code B: Off-site educational activity*

This code should be used when pupils are present at an off-site educational activity that has been approved by the school. Ultimately schools are responsible for the safeguarding and welfare of pupils educated off-site. Therefore by using code B, schools are certifying that the education is supervised and measures have been taken to safeguard pupils. This code should not be used for any unsupervised educational activity or where a pupil is at home doing school work.

Schools should ensure that they have in place arrangements whereby the provider of the alternative activity notifies the school of any absences by individual pupils. The school should record the pupil’s absence using the relevant absence code.

**Managed move information:**

**Schools involved in managed move**

Click here to enter text.

**Schools involved in the Managed Move:** please indicate the school involved in the MM and state the reason for the failure of the MM

Click here to enter text.

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| **Section C: Other professionals involved** | |
|  | |
| **AGENCY INVOLVEMENT** | **Please indicate (Y) if currently involved and add contact details** |
| Educational Psychologist | Click here to enter text. |
| Kirklees Outreach Team | Click here to enter text. |
| Attendance and Pupil Support Service | Click here to enter text. |
| Family Support and Child Protection Services | Click here to enter text. |
| Mental Health CAMHS/CHEWS | Click here to enter text. |
| Health | Click here to enter text. |
| YOT | Click here to enter text. |
| Police | Click here to enter text. |
| **OTHER INFORMATION** | |

|  |  |  |
| --- | --- | --- |
| Is the child entitled to free school meals? | Click here to enter text. | |
| Does the child attract Pupil Premium Funding? | Click here to enter text. | |
| **OTHER ASSESSMENTS** | | |
| Single Assessment (SA) | Click here to enter text. |
| Section 17 Assessment (CIN) | Click here to enter text. | |
| Child Protection in place (CP) | Click here to enter text. | |
| Are there Child Protection Records on this child? | Click here to enter text. | |

**Section D: Curriculum & Support Planning Information**

It is important to assess what support the child needs to prepare them for their next stage of education. Day 6 providers will contact you to gather information around the child’s education including their strengths and difficulties within your setting

# If the child has any of the following:

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| **Please share the following documents with the Day 6 Provider via secure transfer** | **Please indicate if you have any of the following documents** |
| My Support Plan or similar | **YES**  **NO** |
| Behaviour modification plan/record/outcomes report | **YES**  **NO** |
| PATH | **YES**  **NO** |
| Last school attainment report | **YES**  **NO** |
| Current attendance certificate/report | **YES**  **NO** |
| Transition Plan | **YES**  **NO** |
| Risk Assessment | **YES**  **NO** |
| Other agency report | **YES**  **NO** |
| GCSE entry information - please collate a summary of the  examinations the child is entered for to include predicted grades and exam boards. | **YES**  **NO** |

**Note: Public examinations – in order to support the child, the Exclusions Officer will collate the records you hold on the child after the GDC. Please can you consider Section D and collate this information as soon as possible.**

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| **Additional Resources or Support provided to the child (other than routinely available)** | **Please provide details below if applicable** |
| Full time attendance of an additional member of staff | Click here to enter text. |
| Special training for staff? | Click here to enter text. |
| Special supervision during breaks, outside activities or particular subject areas? | Click here to enter text. |
| Additional staffing ‘on hand’ | Click here to enter text. |
| Support from Social Services or similar? | Click here to enter text. |
| Support from mental health agencies? | Click here to enter text. |
| Multi-agency support? | Click here to enter text. |

In your professional opinion does this pupil present a significant risk? If so, summarise your concerns referring to available evidence.

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| **Section E: Risk Assessment / Health and Safety** | | | | | | | |
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| **BEHAVIOUR:**  **Please identify ant risks below (if applicable)** | **No Risk** | **If yes what is the level of risk** | | | | | |
| **Low** | | **Medium** | | **High** | |
| **1** | **2** | **3** | **4** | **5** | **6** |
| Threats towards other students (including cyber bullying |  |  |  |  |  |  |  |
| Harm or physical aggression towards other students |  |  |  |  |  |  |  |
| Threats towards members of staff |  |  |  |  |  |  |  |
| Harm or physical aggression towards staff |  |  |  |  |  |  |  |
| Harm or physical aggressions towards members of the public |  |  |  |  |  |  |  |
| Name calling or verbal abuse |  |  |  |  |  |  |  |
| Racist abuse |  |  |  |  |  |  |  |
| Refusal to follow instructions |  |  |  |  |  |  |  |
| Vandalism |  |  |  |  |  |  |  |
| Transport issues |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Vulnerabilities:** | **No Risk** | **If yes what is the level of risk** | | | | | |
| **Low** | | **Medium** | | **High** | |
| **1** | **2** | **3** | **4** | **5** | **6** |
| Absconding |  |  |  |  |  |  |  |
| Being bullied including cyber bullying |  |  |  |  |  |  |  |
| Radicalisation |  |  |  |  |  |  |  |
| Risk taking behaviour |  |  |  |  |  |  |  |
| Self-harm |  |  |  |  |  |  |  |
| Sexual exploitation |  |  |  |  |  |  |  |
| Substance misuse |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |

**\*Please ensure all key relevant safeguarding information is made available to Day 6 providers immediately\***

**Brief summary of incident(s) leading to permanent exclusion**

Click here to enter text.

# The Headteacher should ensure that all sections have been fully completed and checked before submitting to the LA.

**Form completed by:**

|  |  |
| --- | --- |
| Full Name: | Click here to enter text. |
| Date: | Click here to enter text. |
| Position within the school: | Click here to enter text. |
| S**i**gnature of Headteacher: | Click here to enter text. |