Pupil Passport

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| **DONOR SCHOOL** |  |
| **NAMED CONTACT AT SCHOOL (to arrange reviews with)** |  |
| **PANEL DATE** |  |

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| **PUPIL DETAILS** | | | | | | | | | | |
| namE: |  | | | | | | | | | |
| Address: |  | | | | | | | | | |
| UPN: |  | | | | ULN: | | | | | |
| DOB: |  | | NC Year: | | | |  | | | |
| LOOKED AFTER | YES / NO | LEAD PROF: | |  | | PEP No. | |  | PHONE: |  |
| SOCIAL CARE INVOLVEMENT | YES / NO | LEAD PROF: | |  | | | | | PHONE: |  |
| EHCP | YES / NO | LEAD PROF: | |  | | | | | PHONE: |  |

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| **PARENT/ CARER DETAILS** | | | |
| 1  NAME: |  | TELEPHONE: |  |
| BRIEF FAMILY BACKGROUND (including engagement with the school) |  | | |

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| **AGENCY INVOLVEMENT** | **DATES:** | **CONTACT:** | **INFORMATION:** |
| SEND Team |  |  |  |
| Virtual School |  |  |
| Careers Service |  |  |
| Youth Offending Team (Y.O.T.) |  |  |
| Police |  |  |
| E.P.S. |  |  |
| School Nurse |  |  |
| CAMHS |  |  |
| Drug & Alcohol Services |  |  |
| Social Services |  |  |
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| **TOOLS / ASSESSMENTS USED BY SCHOOL:** | | | |
| ‘ABC’ sheets (Antecedent, Behaviour, Consequence) |  | 1:1 Student Interviews |  |
| Behaviour Report |  | Adverse Childhood Experiences profile |  |
| Dimensions Tool |  | My Support Plan |  |
| Observations |  | Strength & Difficulties Questionairre |  |
| Speech & Language Assessment |  | Risk assessment |  |
| Warwick & Edinburgh Measure of well being scale |  |  |  |
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| **INTERVENTIONS:** | **START DATE** | **END DATE** | **DETAILS & IMPACT** |
| Therapeutic intervention |  |  |  |
| Timetable variation |  |  |  |
| Parental engagement |  |  |  |
| Key Worker |  |  |  |
| Placement in alternative school |  |  |  |
| In-school Alternative Provision |  |  |  |
| External Alternative Provision |  |  |  |
| Social Skills programme |  |  |  |
| Speech & Language |  |  |  |
| Academic intervention |  |  |  |
| Attendance intervention |  |  |  |
| PEP |  |  |  |
| Positive handling plan |  |  |  |
| Pastoral support plan |  |  |  |
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| **LEARNING NEEDS** | |
| Levels, set or grouping |  |
| Strengths and weaknesses |  |
| Latest assessed grades, SATs |  |
| Learning difficulties |  |
| Other relevant information. | |

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| **Suspensions** | | | |
|  | **Start date** | **No. of days** | **Reason for exclusion** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |

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| **SCHOOLS ATTENDED** |
| Date of admission to current school: |
| Previous schools: |
| 1. Date admitted: Date of leaving: |
| 2. Date admitted: Date of leaving: |
| 3. Date admitted: Date of leaving: |

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| **ATTENDANCE DATA** |
| **Last academic year:** Actual: Possible:  **This academic year thus far:** Actual: Possible: |

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| **INTERESTS / ASPIRATIONS** |
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| **DIAGNOSES / AREAS UNDER INVESTIGATION (E.G. ASD, ADHD, ETC)** |
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| **REASON FOR REQUEST (Please indicate any safeguarding or gang related concerns and provide a named contact who can provide further information)** |
| Areas of concern:  Best hopes for the requested support / intervention: |

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| **STRENGTHS / EXCEPTIONS / POSITIVE ATTRIBUTES** |
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| **FORMULATION (Your thoughts about the reasons behind the displayed behaviour)** |
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| **OTHER INFORMATION** |
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| **SCHOOLS WHICH SHOULD NOT BE CONSIDERED FOR A PLACEMENT** |
| 1.  2.  3. |

Please attach….

1. An up to date attendance record for the current year.
2. A behaviour record in pdf format.

No other additional documents are required.

Signed (Headteacher) Date:

Print Name: