|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A child on roll at your school has been offered a place at a Diamond Learning Partnership School. Could you please complete the form below to help us learn more about this child and what provisions they may need.** | | | | | | | | | | |
| **Pupil Name Date of Birth**  **School** | | | | | | | | | | |
| **Does this child have an EHA? Yes / No** | | | | | | | | | | |
| **Attendance** | | | | | | | | | | |
| Attendance (%) |  | | | | Period Covered | | |  | | |
| Punctuality | Good / Average / Poor | | | | EWO Involvement | | | Yes No | | |
| **Special Needs** | | | | | | | | | | |
| SEN Support | | Yes No | | | IEP | | Yes No | | | |
| If yes, details | |  | | | EHCP | | Yes No | | | |
| **Other Agencies involved (please tick)** | | | | | | | | | |
| Educational Psychologist | | | |  | | Social Worker | | |  |
| In School support / specialist Teacher | | | |  | | ESLAC | | |  |
| Education other than at school | | | |  | | Locality Team | | |  |
| Parent Partnership Service | | | |  | | Other (please specify) | | |  |
| **Other Strategies** | | | | | | | | | | |
| PSP | | |  | | | | | | | |
| Fixed term exclusions | | |  | | | | | | | |
| Other | | |  | | | | | | | |
| **Discussion with the School** | | | | | | | **Please specify** | | | |
| Does the school support the parent’s request for transfer? | | | | | | | Yes No | | | |
| Would a transfer be detrimental to the child in any way? | | | | | | | Yes No | | | |

**To help this child’s future school easily discuss the above with you please give below your full contact details. Thank you for your help in completing this form.**

|  |  |
| --- | --- |
| Name: | Position held: |
| Email: | Tel. No. (including extension): |
| Principal’s signature: Date: | |

SCHOOL STAMP:

|  |
| --- |
| Please add any other comments you think we may find helpful: |