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| **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.**

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

SCHOOL STAMP:

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