|  |
| --- |
| **Secondary Inclusive Practice Forum** |

**School Year 2023-24**

1. **Referral & Recommendations**

|  |  |
| --- | --- |
| **Date of Referral** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child Details** | **Name:** |  | **Other Names:** | |  | | **Male**  **Female** | |
| **Home Address:** |  | | | | **Post Code:** | | |
| **Ethnicity:** |  | | | | | | |
| **UPN:** | **Unique Learner No.** | | **Date of Birth:** |  | | **Year Group** |  |
| **Current Provision/School**  *Where is this pupil currently being educated? How long have they been at this provision?* |  | | | **Preferred School/type of School** | |  | |

**Parent/Carer Information (1): (please indicate primary carer)**

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Carer Name: |  | Relationship: |  |
| Tel No: |  | Email: |  |
| Address: |  | Postcode: |  |
| **Parent/Carer Information (2):** | | | |
| Parent/Carer Name: |  | Relationship: |  |
| Tel No: |  | Email: |  |
| Address: |  | Postcode: |  |

|  |  |
| --- | --- |
| Reason for Referral, **please tick** which category the case falls under. | Name of Lead Professional: |
| Complex Cases        Reintegration after exclusion        Notification of Permanent Exclusion  0.      Alternatives to permanent Exclusion  Prevention (a)  Prevention (b)  Saffron Valley Intervention Programme |  |
| **Additional information relating to reasons for referral to the SIP Forum. Please ensure you specify the details surrounding any ‘incidents’ *(Please focus on the pupil’s needs):*** | |
| **What would success look like for this pupil, in the short term?** | |
| **If the pupil previously attended the Saffron Valley Intervention Programme. Please detail the outcome and what has been implemented as a result of this intervention?** | |
| **Has the pupil the attended 2 or more schools and has a professionals meeting taken place?** | |
| **If the pupil is being represented for another managed move please advise what is required to ensure the next placement is successful?** | |
| **Additional information relating to reasons for Forum referral** | **School response, including referrals to external agencies** |
| **Individual’s strengths (Please describe)** |  |
| **Individual’s attitude to work (Please describe)** |  |
| **Home environment**  Parent/Carer  E.g. Response to concerns, relationship with school, does the child go missing from home. |  |
| **Family Overview**  **(ie Position of child in relation to sibling, parental details etc)** |  |
| **Peer Group**  E.g. role within peer-group,  School concerns about peers and friendship group,  Bullies others or is bullied, isolated or lacks friendship groups. |  |
| **School**  e.g. linked to other incidents or concerns within the school |  |
| **Neighbourhood**  E.g. Experience of serious youth violence/abuse outside of school including travelling to school. |  |

1. **Educational Profile**

**Dates of any previous schools attended including Primary, managed moves and alternative provision: (Mandatory Completion)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of School | From | | To | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
| **Key Stages** | **Results** | | **School Measure of Attainment**  **Above, Below or Age Related** | |
| **KS2 English:** |  | |  | |
| **KS2 Math:** |  | |  | |
| **KS2 Science** |  | |  | |
| **KS2 Reading Age:** |  | |  | |
| **KS2 Spelling Age:** |  | |  | |
| **CATS Scores** | | **Verbal** | |  |
| **Non-Verbal** | |  |
| **Quantitative** | |  |
| **KS3 English:** | |  | |  |
| **KS3 Math:** | |  | |  |
| **KS3 Science** | |  | |  |
| **CATS Scores** | | **Verbal** | |  |
| **Non-Verbal** | |  |
| **Quantitative** | |  |
| **KS4 Courses:** | |  | |  |

**Suspension History:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates of Suspension | | Length of Suspension  (days) | Reason for Suspension | |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Internal Suspensions History:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates of Suspension | | Length of Suspension  (days) | Reason for Suspension | |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Attendance Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Attendance:**  **(%)** | **Authorised Absence**  **(%)** | **Unauthorised Absence**  **(%)** | **Date of last Attendance:** | **Is the student expected to attend 5 days/week?** |
|  |  |  |  | Yes / No |
| If no, please provide further details: |  | | | |
| EWO Involvement | Yes / No *(If yes, please provide contact details)* | | | |
|  | Name: |  | Tel No: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **History of Risk to Self or Others from Young Person** | | | | **Risk (Y/N)** | **Comments** |
| Risk of substance misuse | | | |  |  |
| Risk of alcohol misuse | | | |  |  |
| Risk of eating difficulties (such as avoidance of food, allergies) | | | |  |  |
| Risk of self-neglect | | | |  |  |
| Risk of sexualised behaviour | | | |  |  |
| Risk of being vulnerable to coercion | | | |  |  |
| Risk of suicide attempts/suicidal ideation | | | |  |  |
| Risk of self-harming behaviour | | | |  |  |
| Risk of violence in school to staff or pupils | | | |  |  |
| Risk of verbal abuse in school to staff or pupils | | | |  |  |
| Risk of physicality in school (towards staff, other students or property) | | | |  |  |
| Risk of physicality on activities (towards staff, other students or the public) | | | |  |  |
| Risk of absconding from school | | | |  |  |
| Risk of absconding when on activities | | | |  |  |
| Risk of threatening/intimidating behaviours in school | | | |  |  |
| Risk of threatening/intimidating behaviours when on activities | | | |  |  |
| Using objects to inflict harm to others (including weapons) | | | |  |  |
| Risk of verbal abuse (towards staff, students or the public) | | | |  |  |
| Risk of racist behaviour | | | |  |  |
| Risk of homophobic behaviour | | | |  |  |
| Risk of involvement in gangs | | | |  |  |
| Risk of involvement in criminal activity **(Please Specify details below)** | | | |  |  |
| Fire raising concerns (KCSIE) | | | |  |  |
| Risk of experiencing anxiety | | | |  |  |
| Risk of experiencing low mood/depression | | | |  |  |
| Risk of experiencing dissociative states | | | |  |  |
| Risk of other mental health problems (please specify) | | | |  |  |
| Any other risk to self/others | | | |  |  |
| Risk of being bullied/victimised | | | |  |  |
| Risk of radicalisation | | | |  |  |
| Risk of homelessness | | | |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Social Profile**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Is the student open to social care? | | |  | | | |
| Name: |  | | Tel No: |  | | |
| Does the student have a current Early Help Assessment or previously known? | | | Yes / No *(if no, why not, please provide reasons )* | | | |
| Is this a child a Looked After Child | | | Yes / No | | Croydon LAC □ | Out of Borough LAC □ |
| Name: | |  | Tel No: |  | | |
| Is the student on a Child Protection Plan?  (If previously on a plan please specify) | | |  | | | |
| What is the educational element in the Child Protection Plan? | | |  | | | |
|  | | |  | | | |

**Peer–on-peer abuse (Explain How):**

|  |  |
| --- | --- |
|  | **Explanation and what Interventions have been offered** |
| **Child Sexual Exploitation** |  |
| **Affected by serious youth violence** |  |
| **Relationship Abuse/Domestic Abuse in own relationships** |  |
| **Displays Harmful Sexual Behavior** |  |
| **Sexual bullying** |  |
| **Missing from Education** |  |
| **Missing from Home** |  |

**Internal Support:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Support Used** | **Yes / No** | **Details** | **How well did the pupil engage? What was the impact?** |
| Adapted timetables |  |  |  |
| 1:1 Sessions |  |  |  |
| Respite – use of Alternative Provision |  |  |  |
| Internal Learning Unit |  |  |  |
| Internal Exclusion |  |  |  |
| LSA Class Support |  |  |  |
| Alternative Curriculum |  |  |  |
| Peer Mentoring |  |  |  |
| Use of External Mentoring  (Please name organisation) |  |  |  |
| Counselling (Please specify whether internal or external) |  |  |  |
| Change, Grow, Live (Drug support) |  |  |  |
| School Nurse |  |  |  |
| Safeguarding |  |  |  |
| Therapies e.g. Drama therapy |  |  |  |
| Other |  |  |  |

**Medical needs *(please provide details):***

|  |  |
| --- | --- |
| Medical: Please detail. |  |
| Dietary Requirements:  Please detail. |  |

**SEND [if applicable]**

**Does the pupil have any Special Educational Needs or Disability? If yes please give details below:**

|  |  |  |
| --- | --- | --- |
| **SEND Support Plan ( including Pupil Passport, IEP or Schools own record to show provision over time)** | *Please provide details of the schools’ actions through the graduated response (Assess, Plan, Do and Review Cycle). The expectation is that school fund up to £6000 from the notional SEND budget to provide a tailored package of support for pupils with the greatest needs* | |
| **Does the student have a specific diagnosis?**  ***(e.g. ADHD, ASD, Epilepsy, Dyslexia)*** | | Yes / No  (Please specify diagnosis) |
| **Has this pupil been discussed at Locality SEND Support?** | |  |

**Other Agency Involvement (tick all that apply):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Current** | **Expired** | **Contact Name** | **Email** |
| **Youth Justice Service** |  |  |  |  |
| **Police** |  |  |  |  |
| **CAMHs** |  |  |  |  |
| **Education Psychology** |  |  |  |  |
| **Other (state)**  **(See below)** |  |  |  |  |

**Current Status:**

**Does the student fall into a vulnerable group? Yes / No (***if yes, tick all that apply)*

EAL □ Traveler Child □ Child of asylum seeker □

Young carer □ Teenage parent □ School refuser □

Young offender □ Eligible for FSM □

|  |  |  |  |
| --- | --- | --- | --- |
| **These must be included with the referral documents. Please tick to confirm** | | | |
| **Pastoral Support Plan** |  | **Completed referral form** |  |
| **SIMS attendance record** |  | **Most recent school report** |  |
| **Behaviour Log** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Individual Education Plan (IEF)** |  |  |  |
| **Educational Psychologist Report** |  |  |  |
| **Risk Assessment** |  |  |  |
| **Locality Documentation** |  |  |  |

**Please return completed form to:**

[**Secondaryinclusion@croydon.gov.uk**](mailto:Secondaryinclusion@croydon.gov.uk)

**Please see below Appendix A B & C Ensure these are completed and signed prior to presentation.**

**Appendix A - Pupil Voice**

Mandatory completion (Non completion is likely to result in rejection of the referral.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** | **D.O.B:** |  | **Year Group:** |  |
| **This section is to be completed by the pupil**  **(In cases where the pupil requires assistance with their writing please ensure only their words are recorded):** | | | | |
| **Questions:** | **Comment of pupil:** | | | |
| **What do you find difficult in**  **your current school/**  **Provision?** | **Why do you believe that a managed move has been suggested?** | | | |
| **What help do you think you**  **need for your new school/or**  **the placement to be a**  **success?** |  | | | |

Signature of pupil: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Staff member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix B - Head teachers’ Declaration

**Croydon’s Secondary Inclusive Practice Forum Panel 2023/24**

**Head teachers’ Declaration**

In accordance with the Secondary Inclusive Practice Forum Guidance 2023/24

To: The Secondary Inclusive Practice Strategic Lead

I confirm that the attached documentation has been read by me that and in accordance with the protocol this pupil would otherwise be permanently exclude from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **name of school­­­­­­­­­­­­­­­­­­­­­­­­**

1. The reason I would exclude this pupil permanently is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I confirm that the pupil history and intervention evidence available the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **named pupil** is ready for a fresh start in a new mainstream school
2. The paperwork has been quality assured and I am happy for the case to be presented at the next Secondary Inclusive Practice Forum.
3. The pupil and parent have been spoken to about the case being bought to the Forum and are happy to proceed with the case being presented
4. The consent form has been signed and by the parent and is attached to the paperwork

Headteacher (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head teacher’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix C - Parental Consent

**Secondary Inclusive Practice Forum Parental Consent Form**

**(Permanent Exclusion & Prevention Cases)**

**Please note if the parental consent form has not been signed, you will not be able to present the pupil at the Panel**

The Secondary Inclusive Practice Forum is a panel convened by Croydon Council to consider the following:

* Young people without a school place who have a complex educational history.
* Pupils who have been permanently excluded or who are at risk of permanent exclusion.
* Pupils who have a school place but the school feels the pupil needs a new school or an alternative education placement.
* All offers are on a 12 week managed move basis. This will be dual registration and the home school retains responsibility for the pupil.
* If the managed move is terminated the pupil will return to the home school.

The panel consists of representatives from all the secondary schools in Croydon, Secondary Pupil Referral Unit, and officers from Croydon Council.

The panel considers cases referred by schools and can offer a pupil a place at either another mainstream school, at a pupil referral unit or at an independent alternative education provider.

**Your consent is required for your son/daughter to be referred to the panel.**

**The offer from the panel is non-negotiable.**

The panel’s offer is an alternative for you to consider if your child has been permanently excluded; is at risk of permanent exclusion; or if their school feels a new education placement would be of benefit to your child.

If you accept the offer from the panel arrangements will be made for your son/daughter to be admitted to their new school or other education provision.

If your son/daughter has been permanently excluded and you accept the panel’s offer the permanent exclusion will then be withdrawn by your school’s head teacher/principal.

If your son/daughter has been presented for a place on the Saffron Valley Intervention Programme. Please note that Saffron Valley Collegiate (SVC) is Croydon’s secondary pupil referral unit. This would be to provide timely short-term intervention for pupils who are struggling to manage their learning in a mainstream school setting. Also, to provide opportunities for pupils to make social, emotional, and academic progress within an appropriate environment, in preparation for returning to their mainstream school.

If your son/daughter has not been permanently excluded and you reject the offer from the panel, your son/daughter’s head teacher may then decide to permanent exclude your child. If that occurs Croydon Council will make arrangements for your son/daughter’s education at a pupil referral unit, and you will have the right to make representations regarding the permanent exclusion to the schools governing body.

I/we have read and understood the above and agree that my child’s school can refer my son/daughter for discussion at the Secondary Inclusive Practice Forum Panel.

Signed: ……………………………………………………………………………………………………………………………………………….

Print name: …………………………………………………………………………………… Date: ……………………………………….

Name of child: ……………………………………………………………… Year Group: ……………………………………………..