

## Inclusion Passport

To be completed for all notifications of Southwark children and young people made subject to permanent exclusion (PEX)

Please send completed form to [earlyhelp@southwark.gov.uk](mailto:earlyhelp@southwark.gov.uk). Any questions please call 0207 525 2714.

<b>Excluding/Referring School:</b>			
<b>Student's Name:</b>		<b>Date of Birth:</b>	
<b>UPN:</b>		<b>ULN:</b>	
<b>Ethnicity:</b>		<b>Refugee/asylum Seeker?</b>	
<b>First language:</b>		<b>Requires interpreter?</b>	
<b>Date of Exclusion:</b>			
<b>Please provide number of days FTE to date this academic year:</b>			
<b>Reason for Exclusion/Referral:</b>			
<b>SEN: Please Circle</b>	<b>E</b> (EHCP)	<b>K</b> (SEN Support) Please state:	<b>None</b>
<b>Reason for Placement on the SEN Register:</b>			
<b>Attendance this academic year so far:</b> <i>(Please attached attendance certificate)</i>			

### Address & Contact Details

<b>Parent and carer details:</b>	
<b>Address:</b>	
<b>Contact Telephone numbers:</b>	

<b>Parent and carer details:</b>	
<b>Email address:</b>	

### Other Young People in the Household

<b>Name:</b>	<b>Date of birth:</b>	<b>Relationship:</b>	<b>Male / Female</b>	<b>Ethnicity</b>	<b>School:</b>

### Safeguarding

<b>Is the student subject to a child protection or child in need plan?</b>	<i>If 'yes' please provide as much information as possible</i>
<b>Social worker details:</b>	
<b>Is the child LAC?</b>	<i>If 'yes' please provide as much information as possible</i>

	<b>Yes / No</b>	<b>Details</b>
<b>Has a referral to Southwark Family Early Help been made prior to this exclusion? (If no please state reason)</b>		

	Yes / No	Details
Has a pre-PEX team around the family meeting taken place? (If no please state reason)		
Please detail any other interventions offered to prevent exclusion:		

### Agency Involvement

Please provide contact name and telephone number and where appropriate copies of any relevant reports

Agency	Name	Contact details
Education Psychology		
CAMHS		
YOS		
Southwark Family Early Help		
Other		

### Learning

End of KS2 Results	English:	Maths:	Science:
KS3	End of key stage or current level of attainment	Predicted level for end of KS3	
English			
Maths			
Science			
ICT			
RE			
Geography			

<b>History</b>		
<b>Art</b>		
<b>Food Technology</b>		
<b>PE</b>		

<b>KS4 Information</b> Please provide any work completed during KS4 as it may be possible to use this to support courses undertaken at BTA			
<b>Subject</b>	<b>Examination Board</b>	<b>Current level of Attainment</b>	<b>Predicted level for end of KS4</b>
<b>English</b>			
<b>Maths</b>			
<b>Science</b>			
<b>ICT</b>			
<b>RE</b>			
<b>Please list any other courses being followed:</b>			

### **Risk Assessment**

Please use this sheet to assist the service about any risks that should be known, in order to meet the needs of the student, and to provide an appropriate education package

<b>Vulnerability</b>	<b>None</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>	<b>Imminent (Yes/No)</b>
Physical injury from other people					
Physical injury from self (self-harm)					
Physical injury from accident or recklessness					
Suicide					
Being bullied					

<b>Vulnerability</b>	<b>None</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>	<b>Imminent (Yes/No)</b>
Being held against his/her will					
Being sexually exploited					
Pregnancy					
Health and safety impairment due to alcohol abuse					
Health and safety impairment due to abuse of illegal drugs					
Health and safety impairment due to smoking tobacco					
Health and safety impairment due to poor nutrition					
Absconding					
Being racially harassed					
<b>Summary/comments:</b>					
<b>Risk to others</b>	<b>None</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>	<b>Imminent (Yes/No)</b>
Being involved in offending					
Setting fires					
Being involved in physically abusing others					
Being involved in sexually abusing others					
Being involved in emotionally abusing others					
Being involved in verbally abusing others					
Bullying others					
Sexually exploiting others					
Supplying illegal drugs					
Letting undesirable people onto premises					
Disabling fire alarms					
Throwing missiles from/into the room					
<b>Summary/comments:</b>					

Vulnerability	None	Low	Medium	High	Imminent (Yes/No)

**PLEASE ATTACH ANY EXISTING RISK MANAGEMENT OR SAFETY PLANS IN PLACE FOR THE STUDENT**