



Access to Education Learner Information Form

Primary

Pupil Name:	School:
Consortia:	Name of Referrer & position held in school/organisation:
Date of referral:	Address/Phone Number/e-mail address of Referrer:
Reason for Referral: Permanent Exclusion <input type="checkbox"/> Attendance at AP <input type="checkbox"/> Return from EHE <input type="checkbox"/> CME <input type="checkbox"/> Managed Move <input type="checkbox"/> Offsite Direction <input type="checkbox"/>	
Details of incident that led to Permanent Exclusion (if applicable):	

Personal Details Information					
Child/Young Person (CYP) Name:				DOB:	
NCYear Group:		Home Address:		Gender:	
Name of Parent/Carer (Priority contact/relationship to CYP):		1 st Contact Address: (if different to CYP home address)		Tel No: Email:	
Name of 2 nd Contact (relationship to CYP):		2 nd Contact Address:		2 nd Contact Tel No: Email:	
UPN:			FSM: Yes <input type="checkbox"/> No <input type="checkbox"/>		
ULN:			CiC: Yes <input type="checkbox"/> No <input type="checkbox"/>		
			PP: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Most recent/previous schools attended:			Current School Status: On School Roll: Yes <input type="checkbox"/> No <input type="checkbox"/>		
No SEND <input type="checkbox"/>		SEND (K) <input type="checkbox"/>		EHCP (E) <input type="checkbox"/>	
Child Protection (CP)	<input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> None	Child in Need (CIN)	<input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> None	Early Help (EH)	<input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> None
SEND and Safeguarding needs MUST be indicated. NOTE: Child Protection information should not be shared at this stage but information must be available on request if essential to the placement.					
Outline timeline for transfer of CP File.					
Ethnicity:		Religion:		Home Lang:	
				Other Lang:	

Agency/ Team Involvement			
Name of Agency/ Team	Case Status	Key Person	Contact details
	Please select		
	Please select		
	Please select		
	Please select		
	Please select		

Academic Information							
Reception <input checked="" type="checkbox"/>	Year 1 <input type="checkbox"/>	Year 2 <input type="checkbox"/>	Year 3 <input type="checkbox"/>	Year 4 <input type="checkbox"/>	Year 5 <input type="checkbox"/>	Year 6 <input type="checkbox"/>	
		Key Stage 1 Working below/at/exceeding			Key Stage 2 Working below/at/exceeding		
Reading							
Writing							
Spelling							
Mathematics							
Science							
Early Years Foundation Stage Goals. (EYFS)							
Communication and Language							
Physical Development							
Personal, Social and Emotional Development							
Literacy							
Mathematics							
Understanding the World							
Expressive Arts and Design							
Risk Assessment							
				Low	Medium	High	Reason
<i>Theft</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Truancy/Absconding</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Substance/Alcohol Misuse</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Possession of a Weapon</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Damage to Property</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Arson</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Physical or Verbal Aggression Towards Peers</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Physical or Verbal Aggression Towards Adults</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Racist Abuse</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Abuse against sexual orientation or gender identity</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Inappropriate behaviour against individuals with a disability</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Bullying Peers</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Persistent Defiance</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Persistent Refusal to follow instructions</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Sexually Inappropriate Behaviour</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Inappropriate use of social media or online technology</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Confidential Child Protection – Information available on request</i>				Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>Other (please specify)</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>Reason for PEX:</p> <p><input type="checkbox"/> serious breach or persistent breaches of the school's behaviour policy</p> <p><input type="checkbox"/> serious harm to the education or welfare of the pupil or others such as staff or pupils in the school</p> <p>Please state incident that led to the PEX</p>		
<p>Brief summary of pupil's history at school, including any previous progress made and any changes in personal or family circumstances that may have influenced their behaviour.</p>		
<p>Please outline any interventions or support measures currently in place to address concerns. Clear evidence of a graduated approach must be included.</p> <p>Please include any previous Off-Site Directions</p> <p><i>e.g. Support received in school/agencies, adjustments to timetable, managed move, respite etc. Outline of the assess, plan, do, review cycle in line with the SEND matrix and the CYP specific need(s). Adaptations to environment/ curriculum, Learning Interventions, emotional regulation strategies, restorative practices, self-esteem strategies.</i></p>		
<p>Outline the child's strengths and positive responses to support in place.</p>		
<p>Identify any triggers or situations that have led to challenging behaviour and describe the measures in place to address them. Additionally, please list any suspensions and the reasons for them.</p>		
<p>I can confirm that I am the person who has completed this form and I can confirm that the information contained in this form has been discussed with the Parent / Carer and they are aware of the Fair Access Process and Protocol.</p>		
<p>Name:</p>	<p>Position:</p>	<p>Date:</p>

CHECKLIST

- ✓ Form has been completed fully and with as much detail as possible.
- ✓ SEND information section completed.
- ✓ Safeguarding section completed.
- ✓ Parent/ Carer has completed their section, and it has been attached with this form.
- ✓ Headteacher/ Principal of your organisation is aware of the referral.

USEFUL LINKS

SEND Code of Practice

[SEND Code of Practice January 2015.pdf](#)

DfE Exclusions

[Suspension and permanent exclusion guidance](#)

COMPLETED FORMS

Copies of all Completed LIFs must be sent to:

fapassessmentgateway@warwickshire.gov.uk