



Access to Education Learner Information Form

Secondary

Pupil Name:	School:
Area:	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

Academic Information				
Please include all option subjects where applicable				
Year 7 <input type="checkbox"/>	Year 8 <input type="checkbox"/>	Year 9 <input type="checkbox"/>	Year 10 <input type="checkbox"/>	Year 11 <input type="checkbox"/>
Key Stage 2	Reading:	Writing:	Maths:	Science:
Subject (Please add additional subjects where relevant.)	Examination Board	Level (eg. GCSE)	Below expectations Achieving Expectation Exceeding Expectations	
English Language				
English Literature				
Mathematics				
Science				
Access Arrangements (if applicable):				
Has the CYP passed 11+ Yes <input type="checkbox"/> No <input type="checkbox"/>		CYP has the ability to pass 11+ Yes <input type="checkbox"/> No <input type="checkbox"/>		
Attendance (% attendance for current and previous academic year) Include details of School/ WAS interventions.				

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"/>	

Pupil Context and School Background (please be concise but give details of context where possible)

<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](#)

Copies of all Completed LIFs must be sent to: exclusions@warwickshire.gov.uk

Please copy in the Co-Ordinator for your area, see below.

suemustin@warwickshire.gov.uk for South and Central
kathbrooks@warwickshire.gov.uk for North, Nuneaton & Bedworth
samanthageehan@warwickshire.gov.uk for East