

**YJS Education Information Form**

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| **NAME:**  **DOB:**  **ETE STATUS:**  **SCHOOL/YEAR GROUP:**  **DESIGNATED SAFEGUARDING LEAD:**  **LITERACY LEVEL:** Above target/On target/Below target **(delete as appropriate)**  **NUMERACY LEVEL:** Above target/On target/Below target **(delete as appropriate)** |
| **ATTENDANCE/PUNCTUALITY:**  Current Attendance percentage: \_\_\_\_\_\_%  Authorised absences: \_\_\_\_\_\_% Unauthorised absences: \_\_\_\_\_\_%  Is Punctuality of concern? \_\_\_\_\_\_  Is there any current/historic involvement from Hillingdon’s Participation Team? \_\_\_\_\_\_  How many hours of Education is YP currently engaged in?\*\_\_\_\_\_\_  ***\*If on a reduced/personalised timetable please provide details*:** |
| **BEHAVIOUR/ATTITUDE TO LEARNING\*:**  Areas of strength:  Summary of concerns (if applicable):     * How long has this been a concern? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ * How long has this been a concern? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ * How long has this been a concern? \_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Have concerns been shared with Social Care/Virtual School/AXIS?** \_\_\_\_\_\_  **\**Please outline details of any strategies used by staff to encourage positive behaviour:*** |
| **SEN/D:**  Does this YP have any Special educational needs/Disabilities (SEND) that have a significant impact on their learning?\* \_\_\_\_\_\_  Does this YP have an Education, Health Care Plan (EHCP)? \_\_\_\_\_\_  ***\*Please forward copy of SEN Support plan to YJS Education/Participation Officer*** |
| **EXCLUSIONS\*:**  Number of First Time Exclusions (FTEs) whilst on roll: \_\_\_\_\_\_  Is YP currently at risk of Permanent Exclusions (PEX)?: \_\_\_\_\_\_  **\**Please outline reasons for any FTEs:*** |
| **PEER GROUPS**:  Are there/ have there ever been concerns that YP has been involved in bullying? \_\_\_\_\_\_  Are there/ have there ever been concerns around YP’s peer associations? If yes, please provide details: |
| **ADDITIONAL INFORMATION:** |