

 **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:** |