

A child on roll at your school has been offered a place at a Diamond Learning Partnership School. Could you please complete the form below to help us learn more about this child and what provisions they may need.

| | | | |
|--|-----------------------|------------------------|----------------|
| Pupil Name | | Date of Birth | |
| School | | | |
| Does this child have an EHA? | | Yes / No | |
| Attendance | | | |
| Attendance (%) | | Period Covered | |
| Punctuality | Good / Average / Poor | EWO Involvement | Yes No |
| Special Needs | | | |
| SEN Support | Yes No | IEP | Yes No |
| If yes, details | | EHCP | Yes No |
| Other Agencies involved (please tick) | | | |
| Educational Psychologist | | Social Worker | |
| In School support / specialist Teacher | | ESLAC | |
| Education other than at school | | Locality Team | |
| Parent Partnership Service | | Other (please specify) | |
| Other Strategies | | | |
| PSP | | | |
| Fixed term exclusions | | | |
| Other | | | |
| Discussion with the School | | | Please specify |
| Does the school support the parent's request for transfer? | | | Yes No |
| Would a transfer be detrimental to the child in any way? | | | Yes No |

To help this child's future school easily discuss the above with you please give below your full contact details. Thank you for your help in completing this form.

| | |
|------------------------|---------------------------------|
| Name: | Position held: |
| Email: | Tel. No. (including extension): |
| Principal's signature: | Date: |

SCHOOL STAMP:

Please add any other comments you think we may find helpful: