**Exclusion Reintegration Referral Form ERRF**

If you are notifying the Local Authority of a permanent exclusion, please send to [ERT@oxfordshire.gov.uk](mailto:ERT@oxfordshire.gov.uk) and to your area Exclusion Reintegration Officer (ERO) on the day the decision is made with a copy of the letter to parents. If you have any questions, please call 01865323513.

We strongly advise you contact the team before completing this referral form.

Schools are responsible for ensuring the child/young person has schoolwork to complete at home for the first 5 days of exclusion. Guidance and further information can be found here [Exclusion Guidance](http://schools.oxfordshire.gov.uk/cms/content/exclusion-guidance)

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| Referrer Information |

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| Name of School |  | Area in Oxfordshire (North / South / West / Central) |  |
| Name of Referrer |  | Referrer contact telephone number |  |
| Email contact |  | Date of referral |  |

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| For ERO use ONLY (UPN) |  |

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| **Reason for referral** |
| **Briefly describe the reason for the notification or referral with all relevant information. *Please be aware that the pupil and family and various professionals will have access to this information.*** |
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| **Background information –family, early years development, key events** |
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| **Permanent exclusion notification** |

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| Academic Year |  | Current agencies involved with the child / family: |
| Date of first day of permanent exclusion |  |  |
| Main Reason for Exclusion Code – see below for list |  |  |
| Where did the incident take place? |  |  |

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| **Pupil Information** |

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| Name of pupil (include legal and  given name) |  | DOB |  |

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| Year group |  | Gender |  | Ethnicity |  | CWCF | Y/N | Eligible for PPG | Y/N |

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| Home address |  |

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| Name of parents/carers |  | Contact details for parents/carers | Phone: Email: |
| First language of pupil | Is an interpreter required Y/N | First language pf parent/carer | Is an interpreter required Y/N |

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| SEN Status at the start of exclusion (K, E or EHCP) |  | Identified SEND areas of need |  | SENO name |  |

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| Additional funding allocated from SEN or IYFAP/ Inclusion with date agreed |  |

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| Social Care Status and date of last meeting (CIN, CP) |  | Name and contact details of social worker |  |

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| Date Early Help Assessment was completed |  | LCSS/TAF – lead professional name |  | YJES involvement | Y/ N |

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| CAMHS and Medical information |  |
| Physical and mental health services being provided and accessed, in school and through external agencies |  |

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| **Current Attainment** |

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|  | **Reading Age** | **English** | **Maths** |
| **Current Academic Year** |  |  |  |

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| Comment on this pupil’s progress/engagement this academic year starting with strengths. What motivates them and what are they good at? |
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| **Current Education Provision (not applicable for in Year Fair Access referrals)** |

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| Current Provision | Current number of hours pupil not in class (supported in smaller groups one to one or in alternative provision) | If currently on a Reintegration Timetable, date this started with number of hours in school and consented by parent/s. |
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| Comment on the current additional interventions in place to support the pupil and their family.  Please list relevant documentation to support planning for the pupil e.g. last school report, PSP/ISP, SEND provision tracker/ pupil profile, bespoke timetable, risk assessment. Please ensure these documents are available when requested by ERO/AP/receiving school |
| Current interventions internal and external: |
| Comment on the pupil’s current engagement with the offered provision and actions if full engagement not secured |
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| **Learner Engagement** |

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| Suspensions  (days in current academic year) | Suspensions  (days in last academic year) | School Attendance % Current Academic Year | School Attendance % Last Academic Year |
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| **Risk Assessment** |

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| Has exploitation screening tool been completed for this pupil in last 3 months | Y/N | Date completed |  |

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| List specific behavioural patterns, circumstances or settings that present health and safety hazards when travelling or when in an educational setting  E.g. Risk of exploitation, physical or verbal abuse/threatening behaviour, bullying, racist abuse, sexual misconduct, drug/alcohol use, criminal behaviour, disruptive behaviour, mental or physical health, self-harm, situation/context specific risks | Risk level before intervention H/M/L |
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| What measures have been taken to reduce each of the risks listed above?  E.g. assessment of learning needs to establish causal factors for disruption | Risk level with intervention H/M/L |

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**Full risk assessment MUST be sent to receiving school or alternative provider**

**REASON FOR EXCLUSION CODES**

# PP Physical Assault against pupil

## PA Physical Assault against adult

## VP Verbal abuse/threatening behaviour against pupil

## VA Verbal abuse/threatening behaviour against adult

## BU Bullying

## RA Racist abuse

## SM Sexual misconduct

## DA Drug and alcohol related

## DM Damage:

## TH Theft

## DB Persistent disruptive behaviour

## OW Use or threat of use of an offensive weapon or prohibited

## item

**LG Abuse against sexual orientation and /or gender identity**

**DS Abuse relating to a disability**

**MT Inappropriate use of social media or online technology**