

ALTERNATIVE PROVISION INFORMATION PASSPORT

This form must be completed for **all** pupils referred to alternative provision, including the Pupil Referral Unit.
The Passport should be updated by any providers involved with the young person if they move on to another setting.

Name of School: _____ Date Completed: _____

Pupil's Surname: _____ Forename(s): _____

D.O.B: _____

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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 Year Group _____

Ethnicity: _____ Home Language: _____

Address: _____

Post Code: _____ Tel. Nos: _____

Name of Parent/Carer: _____

Is the child eligible for free school meals? _____

Does the child have a CAF? _____

If 'YES', who is the Lead Professional? _____

Is the pupil a Looked After Child in the care of Social Services?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If yes, please indicate which Local Authority is responsible _____

Name of social worker (where appropriate) _____

Does this child have special educational needs?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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 If yes, at which stage of the SEN

Code of Practice

School Action	<input type="checkbox"/>	School Action Plus	<input type="checkbox"/>	Statement	<input type="checkbox"/>
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If statement, please indicate current support etc _____

Is the child disabled?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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 Date last attended school _____

Reason for referral: (provide specific details)

ACADEMIC ATTAINMENT (as relevant to age of child)**SUBJECT INFORMATION**

Please complete the table below or attach curriculum plans for current / next term.

English

NC Level test results (or predicted GCSE grade for KS4 pupils) and Teacher Assessments

Exam board and code (if appropriate)

Topics/areas of work being studied/to be studied next

Controlled assessments completed/to complete/to begin (if appropriate)

Response in class, including strengths, weaker areas, level of support required. Please include any relevant test scores.

Maths

NC Level test results (or predicted GCSE grade for KS4 pupils) and Teacher Assessments

Exam board and code (if appropriate)

Topics/areas of work being studied/to be studied next

Units completed/marks achieved

Response in class, including strengths, weaker areas, level of support required. Please include any relevant test scores.

Science

NC Level test results (or predicted GCSE grade for KS4 pupils) and Teacher Assessments

Exam board and code (if appropriate)

Topics/areas of work being studied/to be studied next

Units completed/marks achieved

Response in class, including strengths, weaker areas, level of support required. Please include any relevant test scores.

NB Information about other subjects may also be requested at a later date.**Family details:** (siblings, relationship/care issues)**Behaviour & Attendance Information:****(NB** Please complete or attach evidence of

- Authorised/unauthorised absence

- Behaviour log / exclusion history including incidence and severity of presenting behaviours)

N.B. This information will be used to complete a **risk assessment** so please provide an appropriate level of detail (continuing on an additional sheet, if necessary).

Barriers to learning: Please identify any issues, other than behaviour, you feel have impacted on the student's ability to learn (e.g. attendance, communication skills, relationship issues with peers...)

Previous interventions and outcomes (i.e. please list in detail what has been tried to date and explain what success or otherwise has resulted and **attach any IEPs /IBPs /PSPs / Intervention Sheets and reports / review information** from involved professionals)

Preferred learning styles: (Please include any relevant information – what has worked well in school and what has not)

Strengths, interests, aspirations (e.g. career aims, membership of clubs, out of school interests, favourite subjects)

General wellbeing
(Please give detail of any medical condition/medication.)

Self confidence / motivation

Involvement of other agencies: Please indicate which agencies/professionals are currently involved e.g. LIST, Children's Social Services, EWS, YOS, mental health or medical services, other alternative providers

Agency	Name of Professional	Contact Details	Report attached (Please ✓ or x)

SCHOOL CONTACT PERSON (this is the person with whom a local authority representative could book a 10 minute telephone call to gather verbal information, including the pupil's attitude towards peers, adults, school work etc.)

Name: _____ Position: _____

Tel. No. _____ E-mail: _____

CURRENT ARRANGEMENTS

(Please give details of plan for student including e.g. link to other relevant plans e.g. CAF, Personal Education Plan, Individual Education Plan etc, weekly timetable if not in school, expectation of what alternative provision will deliver, reintegration plan, forthcoming review/meeting dates).

EXPECTED OUTCOMES

Please list a minimum of 3 clear objectives you would like the provider to work towards with this child.

- 1.
- 2.
- 3.

Completed by (Name):

Position:

Contact details:

Telephone:

Email address:

Date:

Consent for information storage and information sharing

It is best practice to have the consent of parents/carers to share information in the Information Passport and it is the recommendation of the Local Authority that schools make reasonable efforts to secure this consent and keep a record of these. In view of this, please ensure that this form is not submitted without a signature in either A. or B.

A. I understand that the information that is recorded on this form will be shared in order to provide alternative education services to the subject for whom I am:

A parent

A carer

I give my consent to the information being shared.

Parent/Carer

Signed

Name

Date

B. Despite our efforts to get a parent/carer to sign the above, we have not managed to secure a signature but we feel that it is in the best interests of the young person to be referred to alternative provision without the signature.

School representative

Signed

Name

Date

FEEDBACK AND / OR UPDATE TO SCHOOL / ALTERNATIVE PROVIDER

FEEDBACK / UPDATE PROVIDED BY:

DATE: