



## WOODBIDGE PARK – GATEWAY 6<sup>th</sup> DAY PROVISION REFERRAL

Please find below explanatory notes on the paperwork required to be completed, and when, for ALL notifications of Hounslow exclusions.

### FOR 6<sup>th</sup> DAY PROVISION PURPOSES:

**PLEASE COMPLETE:** Sections A, B, C and D and forward ON DAY 1 of the exclusion where possible to: [cdennis14.313@lgflmail.org](mailto:cdennis14.313@lgflmail.org)

Although we cannot replicate a mainstream curriculum fully at Gateway, we do aspire to provide as much learning continuity as possible.

In order to assist us with this, please provide the following information with your referral:

- Current progress data
- Examples of written work and Maths work
- Copies of schemes of learning for key subjects with an indication as to where the student is at in their learning at present



## SECTION A – SCHOOL AND STUDENT DETAILS:

EXCLUDING SCHOOL:	
FORENAME OF CHILD:	SURNAME OF CHILD:
DOB: DD/MM/YY	GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
UPN:	YEAR GROUP:
ADDRESS:	
	POST CODE:
HOUNSLOW LA PUPIL: YES <input type="checkbox"/> NO <input type="checkbox"/>	OTHER LA: (PROVIDE DETAILS)
FREE SCHOOL MEALS (FSM) REQUIRED:	YES <input type="checkbox"/> NO <input type="checkbox"/>

## SECTION B – EXCLUSION DETAILS

TYPE OF EXCLUSION		DATE OF FIRST DAY OF EXCLUSION: DD/MM/YY
FIXED PERIOD: <input type="checkbox"/>	DAYS	DATE OF RETURN: DD/MM/YY
LUNCHTIME: <input type="checkbox"/>	½ DAYS	DATE OF RETURN: DD/MM/YY
PERMANENT: <input type="checkbox"/>	DATE OF DISCIPLINE COMMITTEE / REINTEGRATION MEETING, IF REQUIRED DD/MM/YY	
MANAGED TRANSFER: <input type="checkbox"/> (PLEASE ENSURE PARENTS/CARERS SIGNED AGREEMENT LETTER IS ATTACHED)		
PRIMARY REASON FOR EXCLUSION (NATIONAL CATEGORY) – <u>PLEASE CROSS ONE REASON ONLY</u>		
PHYSICAL ASSAULT AGAINST PUPIL <input type="checkbox"/>	PHYSICAL ASSAULT AGAINST ADULT <input type="checkbox"/>	
VERBAL ABUSE/THREATENING BEHAVIOUR AGAINST PUPIL <input type="checkbox"/>	BULLYING <input type="checkbox"/>	
VERBAL ABUSE/THREATENING BEHAVIOUR AGAINST ADULT <input type="checkbox"/>	HOMOPHOBIC BULLYING <input type="checkbox"/>	
SEXUAL MISCONDUCT <input type="checkbox"/>	RACIST ABUSE <input type="checkbox"/>	
DAMAGE <input type="checkbox"/>	DRUG AND ALCOHOL RELATED <input type="checkbox"/>	
PERSISTENT DISRUPTIVE BEHAVIOUR <input type="checkbox"/>	THEFT <input type="checkbox"/>	
OTHER <input type="checkbox"/> DEFINE IN "ANY ADDITIONAL INFORMATION" BOX)	<b><u>THIS CATEGORY SHOULD BE USED SPARINGLY</u></b> (PLEASE	
ANY ADDITIONAL INFORMATION IF REQUIRED:		

## SECTION C – MONITORING INFORMATION:

ETHNICITY:	RELIGION:	HOME LANGUAGE:
DOES THE PUPIL HAVE SPECIAL EDUCATIONAL NEEDS? <i>IF YES, PLEASE TICK SEN STAGE</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	EHCP/STATEMENT <input type="checkbox"/> UNDER ASSESSMENT <input type="checkbox"/>
IS THE PUPIL IN PUBLIC CARE? Public Care means either:	YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/>	
	<ul style="list-style-type: none"> <li>The child is accommodated by a Local Authority, and placed with a foster carer or in a children's home, or</li> <li>The child is subject of a care order (s. 31 Children Act 1989)</li> </ul>	
DOES THE PUPIL HAVE A PSP / IEP / PEP (PLEASE ATTACH)	PSP YES <input type="checkbox"/> NO <input type="checkbox"/>	IEP YES <input type="checkbox"/> NO <input type="checkbox"/> PEP YES <input type="checkbox"/> NO <input type="checkbox"/>



**SECTION D – DAY 6 PROVISION AT GATEWAY, IF REQUIRED:**

DAY 6 DATE: DD/MM/YY		NUMBER OF DAYS REQUIRED AT GATEWAY:	
SCHOOL CONTACT:	NAME:	TELEPHONE NUMBER:	
PARENT/CARER NAME:			
CONTACT TELEPHONE:	HOME:	WORK:	MOBILE:
OTHER CONTACT DETAILS – NAME:			
ADDRESS:			
POST CODE:			
CONTACT TELEPHONE:	HOME:	WORK:	MOBILE:

DOCTOR'S SURGERY AND TELEPHONE NUMBER	ANY KNOWN MEDICAL CONDITION:
ADDRESS:	
CONTACT TELEPHONE:	

**CURRENT PROGRESS DATA:**

ATTENDANCE	YEAR 7	%	YEAR 8	%	YEAR 9	%	YEAR 10	%	YEAR 11	%
ATTAINMENT SUMMARY:	KEY STAGE 3		EN LEVEL:		MA LEVEL:		SC LEVEL:			
	KEY STAGE 4		EN LEVEL:		MA LEVEL:		SC LEVEL:			
MIDYIS BAND:					YELLIS BAND:					
CURRENT PERFORMANCE DATA:										
<b>PLEASE SUBMIT EXAMPLES OF WRITTEN / MATHS WORK AND ALSO EMAIL SCHEMES OF LEARNING FOR KEY SUBJECTS TO ASSIST CONTINUITY IN LEARNING</b>										

**EXCLUSION DETAILS:**

SUMMARY OF REASONS FOR PERMANENT EXCLUSION:
PUPIL BACKGROUND:
SUMMARY OF REASONS FOR MANAGED TRANSFER:
PUPIL BACKGROUND:



**AGENCY INVOLVEMENT:**

EARLY INTERVENTION INVOLVEMENT:	DATES:	REASON:	OUTCOME:
BEHAVIOUR SUPPORT: <input type="checkbox"/>			
LEARNING SUPPORT: <input type="checkbox"/>			
CAMHS: <input type="checkbox"/>			
EPS: <input type="checkbox"/>			
EWO: <input type="checkbox"/>			
FAMILY SUPPORT: <input type="checkbox"/>			

OTHER AGENCY INVOLVEMENT:	DATES:	REASON:	OUTCOME:
BRIDGE OUTREACH KS1/2: <input type="checkbox"/>			
SOCIAL CARE: <input type="checkbox"/>			
YOT / POLICE: <input type="checkbox"/>			
OTHER: <input type="checkbox"/>			

SCHOOL SUPPORT STRATEGIES / INTERVENTION	DATES:	OUTCOME:

**PARENTAL INVOLVEMENT:**

**CONCLUSION / HEADTEACHER GUIDANCE:**

<b>NAME OF PERSON COMPLETING FORM &amp; DESIGNATED POST (BLOCK CAPITALS)</b>	
<b>SIGNATURE:</b>	<b>DATE:</b>

