



## Student Details Form

<b>Student Name</b>		<b>School</b>	
<b>Attendance</b>			
Attendance (%)		Period Covered	
Punctuality	<input type="radio"/> Good <input type="radio"/> Poor <input type="radio"/> Average	EWO Involvement	Yes <input type="radio"/> No <input type="radio"/>
<b>Special Needs</b>			
EHCP	Yes <input type="radio"/> No <input type="radio"/>	IEP	Yes <input type="radio"/> No <input type="radio"/>
<b>Other Agencies involved (please tick)</b>			
Education Psychologist		Social Worker	
Behaviour Support Team/PRU		ESLAC	
EOTAS		Locality Team	
<b>Other Support Mechanisms</b>			
PSP			
Fixed Term Exclusions			
Other			
<b>Discussion with the School</b>			
Has the transfer request been discussed with the school?			Yes <input type="radio"/> No <input type="radio"/>
Does the school support the parent's request for transfer?			Yes <input type="radio"/> No <input type="radio"/>
Would the transfer be detrimental to the child in any way?			Yes <input type="radio"/> No <input type="radio"/>

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

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:	Tel No. (including extension)
Email:	
Signature:	Date:

School Stamp: