

Elective Home Education - Safeguarding Pupil Form

Please return this form together with letter from parents within 5 working days of de-registration. This information is essential in order to assess potential safeguarding concerns which may deem Elective Home Education unsuitable. As the child will no longer be within the school community please consider if any concerns warrant social care involvement and refer if appropriate.

School Name:

DFE No:

Surname:	Legal Surname:
Forename:	Middle name:
Chosen name:	Gender:
Date of Birth:	Year Group:
Address:	
Post Code:	
Admission on:	Left on:

Reason(s) given by parent for Elective Home Education: (Please mark (X) all appropriate boxes)					
Attendance/Prosecution		Bullying		Dissatisfaction with school environment	Emotional & Mental Health needs
Lifestyle/Cultural/Philosophical		Medical - child		Medical - parent	Near Exclusion
Not known		Not preferred school		Other	Issues with SEN provision
Racism/Homophobia		Relationship issues		Religious Beliefs	School Refuser/Phobic
For 'Other' please state the reason:					

Contact Details as held on School Record:	Priority 1	Priority 2
Name:		
Home Address:		
Daytime telephone(s):		
Email:		
Parental responsibility?		

Please indicate what agencies/professionals are involved with the student:

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Is there a safeguarding or education welfare concern?

Do you consider potential concerns/risks will be increased by the child becoming EHE?
(If Yes please provide details)

**Details of any safeguarding or child protection concerns, including dates of any referrals to MASH:
(Please forward chronology to the Elective Home Education Service).**

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**Parents aware
of concerns¹?**

**Child Protection
Plan in place?**

Child in Need?

SEN Status: Please mark (X) the appropriate boxes

None		SEN support		Statement/EHCP	
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Child's primary area of need:

Cognition & Learning		Communication & Interaction		Sensory & Physical needs		Social & Emotional, Mental Health needs
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Cognition & Learning:

Dyslexia/specific literacy difficulties		Dyspraxia		Moderate Learning Difficulties		Other (please state below)
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Other:

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Communication & Interaction:

Autism		Speech & Language		Other (please state below)	
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Other:

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¹ Where there have been child protection concerns and the school feels that EHE may increase risk to a child, the schools will need to discuss with parents that they have a statutory duty to make a referral to social care

Sensory & Physical Needs:							
Visual impairment		Hearing impairment		Physical disability		Other (please state below)	
Other:							
Date of last Educational Psychology assessment:				Date of annual review:			

Multi-agency plan in place?	Is this still current?
Name of current lead professional:	
Was attendance 90% or above over the last 12 months?	
Exclusions: Please give details of any exclusion over the last 12 months and were they at risk of permanent exclusion?	

Ethnicity:	
Home Language:	Religion:
Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DFE.	
Head teacher's signature:	Date:
Any other information regarding this student/family:	

**Please send to Professional Lead for Elective Home Education, Second Floor, Milford House, Pynes Hill, Exeter EX2 5GF or if you can use Egress Switch Secure mailing system, use the EMAIL FORM button. Any queries please call: 01392 287230
THANK YOU FOR YOUR ASSISTANCE.**