

**PRIMARY PEN PORTRAIT**

**Child Details**

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| **Full Name:** |  | **Year Group** |  |
| **School:** |  |

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| **Why the child is being brought to the Panel** | | | |
| **Summarise your current concerns about the child.** | | | |
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| **Child’s Strengths** | | | |
| **Attitude to work** *e.g. ambition, confidence, motivation, perserverance, listening, enthusiasm, organised, independent* | | | |
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| **Peer Group (Social relationships)** *e.g. works collaboratively, manages disagreements, accepts help from peers, positive friendships* | | | |
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| **Behaviour** *e.g. emotional regulation, accepts help, ignoring negative behaviour, empathetic, follows instructions, respects the feelings of others* | | | |
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| **Concerns about the Child** | | | |
| **Attitude to work:** *e.g.,* *avoidance lateness, organisation, focus, motivation, easily distracted* | | | |
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| **Peer Group:** *e.g., argumentative uncooperative, isolated, bullying victim, easily led* | | | |
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| **Behaviour** *e.g., self-regulation, aggression; restless, overactive; attention, concentration, impulsivity disruptive, following instructions,* | | | |
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| **Home environment** *e.g*., *family structure including siblings, other significant adults etc, who lives with the child and who does not live with the child) quality of relationships**dynamics strengths and pressures* | | | |
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| **Education Profile** | | | |
| **Current Attainment**  *(Please outline the child’s current level of attainment using your school’s assessment system)* | | | |
| **Reading:** | |  | |
| **Writing:** | |  | |
| **Maths:** | |  | |
| **Is the child making expected progress?** | | | |
| **Yes / No** | | | |
| **If no, please outline why and the specific subjects where the child is struggling.** | | | |
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| **Year 2 SATs Scores** | | | |
| **Reading:** | |  | |
| **Writing:** | |  | |
| **Maths:** | |  | |
| **Phonics Screening Check** | | | |
| **Year 1 Score:** | |  | |
| **Year 2 Score:**  **(where applicable)** | |  | |
| **Attendance Information** | | | |
| **Current attendance (%)** |  | **Punctuality (%)** |  |
| **Suspension information** | | | |
| **Dates of suspension** | | **Reasons** | |
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| **For Tier 2 and Tier 3 requests only** | | | |
| **What interventions will the child require during the placement?** | | | |
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| **What changes in the child’s behaviour and/or attitudes are you expecting to see from the placement?**  *(e.g., what outcomes are you hoping for the child to achieve? What should the child be able to do that they have difficulty with now?)* | | | |
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| **What are the child’s SMART targets for the Tier 2 Placement?**  **How will you measure success?** | | | |
| **SMART Target 1:** | |  | |
| **SMART Target 2:** | |  | |
| **SMART Target 3:** | |  | |
| **If Tier 2 placement is agreed, what is your intention following the short-term intervention?** | | | |
| **Return to current mainstream school** | |  | |
| **Pursue EHC needs assessment / change of placement** | |  | |
| **Completed by:** | | | |
| **Name of person completing the referral:** | |  | |