

**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:**  |  |