

**SECONDARY PEN PORTRAIT**

**Picture of**

**Child**

**Child Details**

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

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| **Why is this child being brought to the Panel?** |
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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 disargreements, accepts help from peers positive friendships**  |
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| **Behaviour e.g. emotional regulation, accepts help, ignoring negative behaviour, empathetic, follows insttructions, respects the feeling 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** |
| **Key Stage 2 SATs data**  |
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| --- | --- |
| **Subject** | **Grade**  |
| 1. **Reading**
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| 1. **Writing**
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| 1. **Maths**
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| **Average Scaled Score:**  |  |

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| **Standardised assessment Year 7 results:**  |
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| --- | --- |
| **Subject** | **Score** |
| 1. **Verbal**
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| 1. **Non-Verbal**
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| 1. **Quantitative**
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| 1. **Average Standardised score**
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| **Key Stage 4** *Please add additional external examinations* |
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| **Subject** | **Examination Board** |
| 1. **English Lang/Lit**
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| 1. **Math**
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| 1. **Science**
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| **Attendance Information** |
| **Current attendance: (%)** |  | **Punctuality (%)** |  |
| **Suspension Information** |
| **Dates of suspension** | **Reasons** | **Dates of suspension** | **Reasons** |
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| **SEND (*Please tick all that apply)***  |
|  | **School Concerns** | **Awaiting assessment** | **Diagnosis** |
| **Speech Language** |  |  |  |
| **ADHD** |  |  |  |
| **ASD** |  |  |  |
| **Any other SEND** |  |
| **Applied for EHC Needs Assessment? (Y/N)** |  |
| **Risks *(Please tick all that apply)*** |
| **Type of Risks** | **Yes / No** | **Comments** |
| **Affected by Gangs or Serious youth** **violence** |  |  |
| **Child Sexual Exploitation (CSE)** |  |  |
| **Displays harmful sexual behaviour** |  |  |
| **Drugs/Alcohol** |  |  |
| **Missing episodes** |  |  |
| **Offending** |  |  |
| **Relationship Abuse/Domestic Abuse in** **own relationships** |  |  |
| **Weapons**  |  |  |
| **Other (please specify)**  |  |  |
| **Interventions** |
| **Types of Intervention** | **Yes / No** | **Comments** |
| **1.1 Sessions** |  |  |
| **Adapted Timetables** |  |  |
| **Alternative Curriculum** |  |  |
| **Counselling** |  |  |
| **Drug Service** |  |  |
| **Educational Psychology Assessment** |  |  |
| **Individual Education Plan** |  |  |
| **Internal Learning Unit**  |  |  |
| **LSA Class Support** |  |  |
| **Managed Move** |  |  |
| **Mentoring** |  |  |
| **Pastoral Support Plan** |  |  |
| **Respite – Use of Alternative** **Provision** |  |  |
| **School Nurse** |  |  |
| **Smoking Cessation** |  |  |
| **Speech and Language** **Assessment** |  |  |
| **Therapies e.g. Drama Therapy** |  |  |
| **Other (please specify)** |  |  |
| **For Tier 2 Referrals** |
| **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**  |  |
| **Present this child at Secondary Inclusion Panel for a Managed Move** |  |
| **Pursue EHC needs assessment / change of placement**  |  |
| **Completed by:**  |
| **Name of person completing the referral:**  |  |