



Access to Education

Learner Information Form Secondary

**Warwickshire Learner Information Form (LIF)
Secondary**

Area:	Name of Referrer & position held in school/organisation:
Date of referral:	Address/Phone Number/e-mail address of Referrer:
Reason for Referral:	
Permanent Exclusion <input type="checkbox"/> Attendance at AP <input type="checkbox"/> Return from EHE <input type="checkbox"/> CME <input type="checkbox"/> Managed Move <input type="checkbox"/> Offsite Direction <input type="checkbox"/>	

Personal Details Information

Child/Young Person (CYP) Name:		DOB:	
NCYear Group:	Home Address:		Gender:
Name of Parent/Carer (Priority contact/relationship to CYP):	1st Contact Address: (if different to CYP home address)		Tel Number: Email
Name of 2nd Contact (relationship to CYP):	2nd Contact Address:		2nd Contact Tel Number: Email
UPN:	FSM: Yes <input type="checkbox"/> No <input type="checkbox"/> CiC: Yes <input type="checkbox"/> No <input type="checkbox"/> PP: Yes <input type="checkbox"/> No <input type="checkbox"/>		
ULN:			
Most recent/previous schools attended:		Current School Status:	
		On School Roll: Yes <input type="checkbox"/> No <input type="checkbox"/>	
No SEND <input type="checkbox"/>	SEND (K) <input type="checkbox"/>	EHCP (E) <input type="checkbox"/>	
Child Protection (CP)	Child in Need (CIN)	Early Help (EH)	
<input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> None	<input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> None	<input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> None	
SEND and Safeguarding needs MUST be indicated. NOTE: Child Protection information should not be shared at this stage but information must be available on request if essential to the placement.			
Outline timeline for transfer of CP File.			
Ethnicity:	Religion:	Home Lang:	Other Lang:

Academic Information				
Year 7 <input type="checkbox"/>	Year 8 <input type="checkbox"/>	Year 9 <input type="checkbox"/>	Year 10 <input type="checkbox"/>	Year 11 <input type="checkbox"/>
Key Stage 2	Reading:	Writing:	Maths:	Science:
Subject (Please add additional subjects where relevant.)	Examination Board	Level (eg. GCSE)	Below expectations Achieving Expectation Exceeding Expectations	
English Language				
English Literature				
Mathematics				
Science				
Access Arrangements (if applicable):				
Has the CYP passed 11+ Yes <input type="checkbox"/> No <input type="checkbox"/> CYP has the ability to pass 11+ Yes <input type="checkbox"/> No <input type="checkbox"/>				
Attendance (% attendance for current and previous academic year) Include details of School/ WAS interventions.				

Risk Assessment				
	Low	Medium	High	Reason
<i>Theft</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Truancy/Absconding</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Substance/Alcohol Misuse</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Possession of a Weapon</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Damage to Property</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Arson</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Physical or Verbal Aggression Towards Peers</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Physical or Verbal Aggression Towards Adults</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Racist Abuse</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Abuse against sexual orientation or gender identity</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Inappropriate behaviour against individuals with a disability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Bullying Peers</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Persistent Defiance</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Persistent Refusal to follow instructions</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Sexually Inappropriate Behaviour</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Inappropriate use of social media or online technology</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Confidential Child Protection – Information available on request</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>Other (please specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Risk Assessment of Behaviour:

1. Reason for PEX:

- serious breach or persistent breaches of the school's behaviour policy
- serious harm to the education or welfare of the pupil or others such as staff or pupils in the school

2. Please outline any interventions or support measures currently in place to address concerns.

Support received in school/agencies, adjustments to timetable, managed move, respite etc. Outline of the assess, plan, do, review cycle in line with the SEND matrix and the CYP specific need(s). Adaptations to environment/ curriculum, Learning Interventions, emotional regulation strategies, restorative practices, self-esteem strategies.

3. Outline the child's strengths and positive responses to support put in place

4. Please describe any past behaviours that have led to concerns about the child's safety or the safety of others.

5. Identify triggers or situations that may lead to challenging behaviour and measure in place to mitigate these.

Agency/ Team Involvement			
Name of Agency/ Team	Case Status	Key Person	Contact details
	Please select		
	Please select		
	Please select		
	Please select		
	Please select		

I can confirm that I am the person who has completed this form and I can confirm that the information contained in this form has been discussed with the Parent / Carer and they are aware of the Fair Access Process and Protocol.

Name:	Position:	Date:
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CHECKLIST

- ✓ Form has been completed fully and comprehensively
- ✓ SEND information section completed
- ✓ Safeguarding section completed
- ✓ Parent/ Carer has been filled in their section and this been attached with this form
- ✓ Headteacher/ Principal of your organisation is aware of the referral.

USEFUL LINKS

SEND Code of Practice

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND Code of Practice January 2015.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf)

DfE Exclusions

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/921405/20170831 Exclusion Stat guidance Web version.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/921405/20170831_Exclusion_Stat_guidance_Web_version.pdf)

COMPLETED FORMS

Copies of all Completed LIFs must be sent to:
fapassessmentgateway@warwickshire.gov.uk

Evidence required to be eligible for any additional funding for AP via
the FAP and Assessment Gateway
(High Needs Funding)

G.R.E.A.T approach

- G**raduated response in line with SEND Matrix
- R**obust universal and targeted early help support accessed
- E**ngagement in ensuring that CYP remains in mainstream e.g. use of a managed move
- A**ccurate and comprehensively completed Learner Information Forms (LIF's) submitted
- T**horough graduated response activities detailed in referral forms i.e. LIF's



Graduated

Robust

Engagement

Accurate

Thorough