



Student Information Passport

Date completed:

Please complete all sections and/or attach and refer to relevant other documents

Last name:		First name:		Date of birth:			
Home address:				Year group:			
				Ethnicity:			
				1 st Language:			
Telephone:				EAL Stage:			
Parents / carers				Language used in home:			
Name:		Name:		Free School Meals (Y/N):			
Relationship:		Relationship:		Looked After Child (N):			
Who else lives in the home:							
Reason for referral / transfer request: Medical Need (mental health)							
National Curriculum Levels (date:)		English	Maths	Science	ICT	Art/DT	PE
Tests: Key Stage (Please ✓)		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>			
Teacher assessments:							

	Period	%	Period	%	Period	%
Authorised absence						
Unauthorised absence - N/A						
Lateness - N/A						
Exclusions (reason) - none			Type	Sessions	From	To

Medical information:: Please see Discharge CPA form

Name and Address of GP:

Special Educational Needs and Disabilities:

Code Of Practice Stage: (Please ✓) School Action School Action Plus Statement

Category (Primary = 1, secondary = 2 etc) Learning Communication Sensory Physical SEBD

Current provision:

Previous in- and out-of-school interventions	From	To	Outcome

Preferred learning styles (what has worked well in school and what has not)

Barriers to learning (e.g. poor communications skills / emotional needs / attention difficulties)

Interests / out of school activities / membership of clubs:

Favourite lessons:

Future Pathways / Career Aims / Ambitions:
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Please also comment on the following:
Family relationships:
Peer relationships:
General well-being:

Alert for possible health and safety risk assessment
Is there any indication that the student could present a risk to self or others? (Y/N): Y (If 'yes' please give details, including nature and level of risk, and suggested management):

Involvement of Safeguarding and Social Care			
Details	From	To	Contact

Involvement of other agencies (e.g. EWS, Behaviour Support, Youth Offending, Health, Housing, Psychology, etc.)			
Agency	From	To	Contact

Please list all other relevant plans attached and/or referred to in this document. (e.g. CAF, IEP, Risk Assessment, ASSET, Resettlement plan etc.)	Date	Attached (✓)	

Please supply any other information you have that may support the pupil's transition:			
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Name of person(s) completing this document	Date	Signature
Name of school / setting:		

