**RETURN TO INCLUSION**

**PANEL FORM**

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| **Pupil First Name** | Click or tap here to enter text. | **Surname** | Click or tap here to enter text. |
| **Date of Birth** | Click or tap here to enter text. |
| **Year Group** | Click or tap here to enter text. |
| **School Roll** | Click or tap here to enter text. |
| **Key Contact at School** | Click or tap here to enter text. |
| **Current Provider Details** |
| **Provider Name** | Click or tap here to enter text. |
| **Key Contact at Provider** | Click or tap here to enter text. |
| **Date Placement agreed by Inclusion Panel** | Click or tap to enter a date. | **Start date of placement**  | Click or tap to enter a date. |
| **All Review Dates** | Click or tap to enter a date.  | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. |
| **End Date of Placement** | Click or tap to enter a date. |
| **Agreed Actions/Targets for provider** | 1. Click or tap here to enter text.
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| 1. **Click or tap here to enter text.**
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| 1. **Click or tap here to enter text.**
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| **Request and comments*to be completed by the school in conjunction with the provider*** | **What is the new request? What specific work needs to be completed during the extension? Do you feel the targets have been achieved?** |
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| **If a provision extension is being sought, please state duration** | Click or tap here to enter text. |

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| **How does the request support pupil reintegration?** | Click or tap here to enter text. |

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| **Case Officer comments for panel** | Click or tap here to enter text. |
| **Date of comment** | Click or tap to enter a date. |
| **Have the targets above been achieved?** | **Target 1** | [ ] **Yes** [ ] **No**  |  |
| **Target 2** | [ ] **Yes** [ ] **No**  |
| **Target 3** | [ ] **Yes** [ ] **No**  |