**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. | | | | | |
| 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** |