

EXCLUSION: MY VIEWS

MY NAME

MY DATE OF BIRTH

MY SCHOOL

Use this space to provide the name of your school, year group and any exams you will be doing this year.

ABOUT ME

In this section, you may wish to talk about:

Your hobbies & things you like to do outside of school, What you enjoy at school, Your home life / family Your friends, or Any thing else you'd like to say

THINGS I FIND DIFFICULT

DO YOU HAVE ANY SEND/ADDITIONAL NEEDS?

E.G. Do you work in small groups? Do you have any help from an LSA?

IS SCHOOL AWARE OF THESE DIFFICULTIES?

Has school provided any support? Do you have an EHC plan?

WHAT DOES SCHOOL SAY HAPPENED THAT LED TO YOUR EXCLUSION?

DO YOU AGREE WITH WHAT SCHOOL HAVE SAID?

Use this space to provide the name of your school, year group and any exams you will be doing this year.

DID SCHOOL SPEAK TO YOU AND GET YOUR VERSION OF EVENTS BEFORE EXCLUDING YOU?

Yes

No

WHAT WOULD YOU LIKE TO HAPPEN NEXT?

Return to school

Managed Move

Return to school with more help

Complete Exams

Something else

IS THERE ANYTHING ELSE YOU'D LIKE TO SAY?

GETTING INFORMATION, ADVICE OR SUPPORT

If you need support to complete this form, you can ask an adult you trust. You can also access support in completing this from SENDIASS, the Special Educational Needs and Disabilities Information Advice and Support Service.

The service includes a Young People Support Worker, in post to support young people with additional needs.

You can ask your parent/carer to get in touch with the service, or find out more information on our website via www.southtynesidesendiass.co.uk