

## Notification of Suspension or Lunchtime Exclusion

Name of person completing the notification		Contact Details – Tel and Email	
Role of Person completing notification		Date	
School		Key Contact at school	If different from assessment author:
UPN		ULN	

Child or YP name:		Early Help Support	Y/N – If Yes date from/to:		
Gender	Drop down	Social Worker	CIN	CP	CIC
DOB / Age / Year Group		Forward Thinking Birmingham	Y/N – If Yes date from/to:		
Home Address		Youth Offending Team / ASB team	Y/N – If Yes date from/to:		
Ethnicity	Drop down standardised list	SEND Advisory and Inclusion Service	Y/N – If Yes date from/to:		
Current CLA / Previous CLA / Adopted	Y/N – If Yes date from/to:	Educational Psychology	Y/N – If Yes date from/to:		
Current Attendance %		GP / Paediatrician	Yes / No		
Attendance Team	Y/N – If Yes date from/to:	Free School Meals	Y/N		
Parent / Carer Details		Parent Contact Details Home: Mobile Email:			
Any other Service Involvement					

### Lunchtime only Suspension

Start Date:		End Date:	
Reason:		Number of lunchtimes:	

### Suspension

Start Date:		End Date:	
No. of Days:		Reason(s) Code(s):	Drop Down list
Total days suspension this academic year (including this):			
Is this child a risk of permanent exclusion	Y/N	Do you require support to prevent further escalation	Y/N – If yes automatically gives options for Risk and Need Screening Tool