

Managed Transfer Agreement

To be completed for all young people subject to a managed transfer into sixth-day provision following notification of a permanent exclusion.

The referring school must previously have completed and submitted an Inclusion Passport for the relevant child.

Excluding/referring School:	
Student's name:	Date of birth and year group:
UPN:	ULN:
Parent and carer names, addresses ar contact details:	nd
Reason for the managed transfer request:	
Justification for managed transfer request, including why such an agreement is in the best interests of the child or young person:	ne

Managed transfer checklist

All conditions must be met unless there are exceptional circumstances.

Criteria:	Please give brief details, including reasons for any no answers:
A notification of intention to permanently exclude has been issued to the parent/carer and LA.	(Yes/No)
The student is not already placed in the sixth-day provision under a dual registration arrangement.	(Yes/No)
The parent or carer has been fully advised that she/he/they are under no obligation to accept the transfer.	(Yes/No)
The parent or carer has been provided with information explaining legal rights and implications in a format appropriate to their ethnicity, language and learning needs?	(Yes/No)
The exclusion is not linked to the absence of specialist assessment and intervention for unmet needs.	(Yes/No)
All possible alternatives have been explored.	(Yes/No)
An Attendance and Inclusion consultation has been completed by a Senior Education Welfare Officer in the Education Inclusion Team.	(Yes/No)
Consultation has been completed with the proposed provision and agreement in principle provided.	(Yes/No)

Record of preventative intervention strategies

Intervention/Assessment type	Date(s):	Please give brief details including impact and outcomes:
Managed move (there must be tangible evidence of action to source a move, such as referral to the Managed Move Forum)		
EP report (including recommendations/implementation of the strategies).		
Evidence of investigation of unidentified need or other targeted assessment, e.g. (Family Early Help, SEND, Children's Social Care, CAMHS, YOS, and Paediatric).		
Copies of any diagnosis and/or assessments written by outside agencies (please attach).		
Individual Education Plan (effectiveness and review of outcomes)		

Intervention/Assessment type	Date(s):	Please give brief details including impact and outcomes:		
Pastoral Support Plan (effectiveness				
and review of outcomes) Behaviour Support Plan (effectiveness				
and review of outcomes)				
Declaration of quitability for more and tran	of an law as			
Declaration of suitability for managed transfer by senior education welfare officer				
Following completion of an attendance and inclusion satisfied that the threshold and conditions for a material be in the interests of the child or young person.				
Name of senior education welfare				
officer:				
Signature(s):				
Written agreement of parties to the manag	jed transfe	er arrangement		
Name of parent/carer(s)*:				
Signature(s):				
* I/we understand that by signing this agreement I/we waive my legal right to challenge the permanent exclusion at an Independent Review Panel.				
Name of head teacher of referring				
school:				
Signature(s):				
3				
Name of head teacher for receiving				
provision:				
Signature(s):				
Name of Assistant director:				
Signature(s):				
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