**Elective Home Education - Professionals Background report**

Please note:

* To be completed by school staff, if child is on a school roll, or CME/EHE Fieldworker for children not in provision)
* Parents/carers written confirmation of intent to (EHE) must accompany the report
* This form and parents/carer written confirmation to be sent to: elizabeth.spearman@lbhf.gov.uk Head of ACE/Admissions

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| --- | --- |
| **Child’s name in full** |  |
| **Child’s date of birth**  |  |
| **Gender** |  |
| **DfE Ethnic Code** |  |
| **Address** |  |
| **Name of Parent(s)/Carer(s)** |  |
| **Telephone number** |  |
| **Email address** |  |
| **Interpreter needed – Yes/No** |  |
| **Education Health Care Plan Yes/No (if yes, provide details)**  |  |
| **Name of current School** |  |
| **Details of previous education provision, with dates if known** |  |

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| --- | --- | --- | --- |
| **Reasons why parent/carer elected to home educate (please tick all that apply)** |  | **Parent/carer always planned to home educate** |  |
|  | **Parent/carer** **dissatisfied with current education provision**  |  |
|  | **Parent/carer has not accepted LA education provision offered** |  |
|  | **Child at risk of permanent exclusion** |  |

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| **Child’s view of being home educated, if known:**  |  |

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| --- | --- |
| **Any significant academic issues** **(*Optional- please include latest school report if available)*** |  |

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| **Other agencies involved e.g. Social Care, YJS, EPS, SEND** |  |
| **Any other relevant background information or concerns:** |  |

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| --- | --- | --- | --- |
| **Signed****(Name/Designation)** |  | **Date** |  |
| **Print Name** |  | **Title** |  |

**Children’s Services**

**Attendance (statutory), Child Employment/Entertainment, Elective Home Education/ Children Missing Education (ACE) team**