|  |
| --- |
| 1. **Contact information of young person**

Name: DOB:Borough:  |
| 1. Any useful information to be aware of when working together – SEN, safeguarding issues, support needed, known barriers/triggers etc
 |
| 1. Suggested day or time to call the young person.
 |

****

**Referral to School Exclusions Campaign and Group**