**Parent/Carer Passport**

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| **Pupil Name:** |  | **Date:** |  |
| **Parent/Carer Names:** |  | **Key Contact HS:** |  |
| **Key Worker at CPA:** | |  | |
| **Have we checked contact details?** | | **YES / NO** | |
| **Any changes/additional details?** | |  | |
|  | | | |

**Have you received the following information?**

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|  | **Key Information** | **Tick (✓)**  **if received** |
| **1** | **Prospectus including link to website and policies** |  |
| **2** | **Timetable of the school day** |  |
| **3** | **Home-School Agreement** |  |
| **5** | **Uniform List** |  |
| **6** | **Code of Conduct** |  |
| **7** | **Outdoor Education Provision Consent Form** |  |
| **8** | **Photographic Images Form** |  |
| **9** | **Strength and Difficulties Questionnaire** |  |
| **11** | **Transport Arrangements** (detail below) |  |
| **12** | **Positive Handling Policy** |  |
| **13** | **Counselling Psychologist Consent Form** |  |

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| **Transport Arrangements:** |

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| **Strengths/interest of pupil:** | |
| **1** |  |
| **2** |  |

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| **Areas for development:** | |
| **1** |  |
| **2** |  |

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| **How to calm your child down/methods that work for you:** | |
| **1** |  |
| **2** |  |

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| **Are you clear about the aims and lengths of your child’s placement at the CPA?** |
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| **What do you hope that this placement will achieve?** |
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| **Do you need any more information on the CPA or its staff?** |
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| **Date agreed for this information to reach you by:** |  |

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| **Are there any medical conditions or medication we need to be aware of:** |
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| **Is there any additional information that will help us re-motivate and engage your child, or enable us to significantly raise their achievement?** |
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| **Have you completed the ‘Strengths and Difficulties Questionnaire’?** | **YES / NO** |

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| **Signed by Parent/Carer:** |  | **Date:** |  |
| **Signed by Key Worker:** |  | **Date:** |  |
| **Seen by Headteacher:** |  | **Date:** |  |