

**Admissions Managed Move / Supported Placement**

**End of placement form**

**Please return this form to:** [**IYFA@derby.gov.uk**](mailto:IYFA@derby.gov.uk)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | **Gender** |  | | **Date of placement end** | |  | |
| **School** |  | **Year Group** |  | | **DOB** |  | | |
| **Parents Name** |  | | | **Telephone** | |  | | **Code of Practice**  **None K E** |
| **Attendance** |  | | | | | | | |
| **Are there any ongoing attendance concerns?** | | | |  | | | | |
| **If Yes, to ongoing concerns regarding attendance please give brief details,**  **including the name of Attendance Officer** | | | | | | | | |
|  | | | | | | | | |

|  |  |
| --- | --- |
| **New Agencies involved with the family:** |  |

|  |
| --- |
| **Summarise the reasons for the placement ending** |
|  |

|  |
| --- |
| **Please provide details of support or interventions implemented, include outcomes and any funding given by In Year Fair Access** |
|  |
| **Please indicate any achievements or rewards the pupil has experienced in your setting** |
|  |

**Form Completed by: Date:**

**Thank you for your continued support and commitment to this process.**