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| **Date of Meeting:** |  | **Location:** |  |

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| **Enter the name of the pupil(s)** | | | |
| **Name of pupil:** |  | **School:** |  |
| **Date of Birth:** |  | **Year Group:** |  |
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| **Name of pupil:** |  | **School:** |  |
| **Date of Birth:** |  | **Year Group:** |  |

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| **Invitees Name:** | **DOB: (parents)** | **Role & Organisation:** | **Attended? (Y/N)** | **Apologies given? (Y/N)** |
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| **Family Information:** Full details of all other parents and siblings should be requested where this information is NOT known. | | | |
| **Parent(s):** | | | |
| **Name:** |  | **Name:** |  |
| **DoB:** |  | **DoB:** |  |
| **Address:** |  | **Address:** |  |

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| **WHY ARE WE HERE? SCHOOL INTERVENTIONS/SUPPORT PROVIDED TO DATE:**  In this section, you should discuss: the child’s attendance to date providing and attaching a copy of the herringbone, impact in terms of academic progress, social development, behaviour, and emotional well-being as well as potential impact on outcomes for the child in all areas if low attendance continues. Ensure school support to date (both academic and pastoral) is noted including any EHAPs, support panels, and previous legal interventions (FPNs and Fast Track Prosecutions) if applicable. |
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| **WHAT’S WORKING WELL?**  (Identify and record pupil strengths that can be built upon to secure improved school attendance and the actions undertaken by parents to address the issue) | **WHAT ARE WE WORRIED ABOUT?**  (Identify and record the reasons for poor school attendance including barriers to improving the situation e.g. home issues, school issues, relationships, friendship groups, all relevant safeguarding concerns and the impact of absence on the child’s attainment and progress) |
| **Parent(s)**: | **Parent(s):** |
| **Child (*complete and attach wishes and feelings*):** | **Child (*complete and attach wishes and feelings*):** |
| **School:** | **School:** |
| **Other (professional or family member):** | **Other (professional or family member):** |

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| **FAMILY NETWORKING:** | | | |
| **Are there friends and family who can support the family?** | | Yes / No | |
| **Does Family Group Conferencing need to be explored further?**  **(Contact** [**FNA@norfolk.gov.uk**](mailto:FNA@norfolk.gov.uk) **for support and guidance)** | | Yes / No | If yes, add to action plan below. |
| **Comments:** |  | | |

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| **WHAT NEEDS TO HAPPEN?**  Actions should be SMART (Specific, Measurable, Achievable, Realistic and Timely) Ensure actions support the family and child and note all support and actions on-going and new. | | | | |
| **Actions to be taken:** | | **By When:** | **Person(s) responsible:** | **How will we know it is working? (Child focused)** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
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| 6. |  |  |  |  |

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| **OTHER KEY ISSUES DISCUSSED: (Please ensure you record any other issues/key points not captured above)** |
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| **The undersigned confirm that this is an accurate record of the discussions and outcomes agreed within the meeting.** | | | | | | | |
| **School Representative(s):** | | | | | | | |
| **Name:** | |  | **Date:** |  | **Signature:** |  | |
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| **Name:** | |  | **Date:** |  | **Signature:** |  | |
| **Other Professional(s) (i.e., Social Worker, Family Practitioner, Medical Professional, etc.):** | | | | | | | |
| **Name:** | |  | **Date:** |  | **Signature:** |  | |
| **Parents(s):** | | | | | | | |
| **Please delete as applicable:**   1. I agree with the content of these minutes and the plan. I acknowledge that should attendance not improve, and thresholds are met the school may begin the Fast Track to Attendance process. 2. I do not agree with the content of the Attendance Agreement for the following reasons: | | | | | | | |
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| **Name:** | |  | **Date:** |  | **Signature:** |  | |
| **Please delete as applicable:**   1. I agree with the content of these minutes and the plan. I acknowledge that should attendance not improve, and thresholds are met the school may begin the Fast Track to Attendance process. 2. I do not agree with the content of the Attendance Agreement for the following reasons: | | | | | | | |
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| **Name:** | |  | **Date:** |  | **Signature:** |  | |
| **Child or Children (this section is voluntary for the child to complete):** | | | | | | | |
| **Please delete as applicable:**   1. I am happy with this plan. 2. I am not happy with this plan because: | | | | | | | |
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| **Name:** | |  | **Date:** |  | **Signature:** |  | |
| **Please delete as applicable:**   1. I am happy with this plan. 2. I am not happy with this plan because: | | | | | | | |
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| **Name:** | |  | **Date:** |  | **Signature:** |  | |