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| **Purpose:**Parents have a legal duty to ensure their children attend school regularly. At [INSERT SCHOOL NAME] we are committed to supporting families to ensure the regular attendance of all of our pupils. When there are concerns about a pupil’s school attendance, we aim to offer support at the earliest opportunity to prevent things becoming worse. We want to develop this plan with you to ensure make sure we understand what the issues are and offer support and advice to address the barriers to regular school attendance.  |

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| **Date of Meeting:** |  | **Location:** |  |
| **Name of pupil(s):** |  | **Name of School:** |  |
|  |  | **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.

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| **Parents** |
| Name: |
| Address: |
| D.O.B:  |
| **Sibling(s)** |
| Name: |
| D.O.B |
| School: |
| **WHY ARE WE HERE? SCHOOL INTERVENTIONS/SUPPORT PROVIDED TO DATE:***(In this section, you should discuss: the child’s attendance to date providing a copy of the herringbone, the school support to date both academic and pastoral including any FSPs, support panel and log of phone calls/letters sent home to parent to be attached)* |
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**Assessment of need:**

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| **WHAT’S WORKING WELL?** **What has helped in the past? When have things been better? Why were things better?**(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) Parent(s):Child:School:Other (professional or family member):  | **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):Child:School:Other (professional or family member):  |

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| **What needs to change?**  |
| **(We need to be clear what the provision will look like and what behaviours will have changed)****The child’s perspective:**  |

**Action Plan Aim: (insert attendance target including expected date. Please note the child achieving 100% attendance is an aim and not an action)**

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| **Actions to be taken to achieve the aim:** | **By When:** | **Person responsible:**  | **How will we know it is working for the child?** |
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| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |

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| **Other key issues discussed: (Please ensure you record any other issues/key points not captured above)** |
| **Review Meeting Date:** |
| **Time:**  |
| **Venue:** |

| **School Representative Name:** |
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| **Date:** |
| **Signature:** |
| **[INSERT NAMES OF OTHER PROFESSIONALS]:** |
| **Date:** |
| **Signature:** |

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| **Parent – please delete as applicable:**1. I agree with the content of these minutes and the plan.
2. I do not agree with the content of the Attendance Support Plan for the following reasons:
 |
| **Name of parent:** |
| **Date:** |
| **Signature:** |

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| **Parent – please delete as applicable:**1. I agree with the content of these minutes and the plan.

 1. I do not agree with the content of the Attendance Support Plan for the following reasons:
 |
| **Name of parent:** |
| **Date:** |
| **Signature:** |

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| **Child – 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:
 |
| **Name of child:** |
| **Date:** |
| **Signature:** |