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| **Date of Meeting:** |  |

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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: (List all at meeting)** | **DOB: (parents)** | **Role & Organisation:** | **Attended? (Y/N)** | **Apologies given? (Y/N)** |
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| **Family Information:** Details of all parents and siblings should be requested if school does not hold this information. | | | |
| **Parent(s):** | | | |
| **Name:** |  | **Name:** |  |
| **DoB:** |  | **DoB:** |  |
| **Address:** |  | **Address:** |  |
| **Siblings:** | | | |
| **Name:** |  | **Name:** |  |
| **DoB:** |  | **DoB:** |  |
| **School:** |  | **School:** |  |

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| **WHY ARE WE HERE?**  Please include:  Child/young person’s current attendance  The impact on this CYP’s academic progress, social development, behaviour, and emotional well-being – what are we seeing/not seeing in school?  The support offered by the school to date? |
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| **WHAT SUPPORT HAS WORKED/WOULD WORK/WHY?** | **WHAT HAS NOT WORKED/WOULD NOT WORK/WHY?** |
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| **PARENT/CARER VIEWS** – What would they like to happen? What support do they feel is required? | **CHILD/YOUNG PERSON’S VIEWS** – How do they feel about school? Can they explain barriers to attendance? What would they like to happen? What support do they feel they need? |
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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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| **OTHER KEY ISSUES DISCUSSED: (Please ensure you record any other issues/key points not captured above)** |
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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. Additional boxes can be added as required. | | | | |
| **What action will be taken?**  This plan is the attendance contract | | **By When?** | **Who is responsible?** | **How will we know it is working? (Child focused)** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
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| 6. |  |  |  |  |

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| **Review Date:** |
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| **As parent(s) you have a responsibility in law to ensure your child’s regular attendance at school, you should be aware that the only defences available in law are:**   1. **That the absences are with leave (i.e. that they have been agreed by the Headteacher);** 2. **That the absences are because of sickness or unavoidable cause;** 3. **That the absences fall on days of religious observance for the religion to which parents belong;** 4. **That the child is entitled to free transport to school and the LEA have failed to provide this;** 5. **That the child has no fixed abode, and the parent proves—**   **(a) that he is engaged in a trade or business of such a nature as to require him to travel from place to place,**  **(b) that the child has attended at a school as a registered pupil as regularly as the nature of that trade or business permits, and**  **(c) if the child has attained the age of six, that he has made at least 200 attendances during the period of 12 months ending with the date on which the proceedings were instituted.**  **If absences do not fall into any of these categories or the school have not been informed of reasons for absence, absences will be marked as unauthorised.**  **Education Supervision Order (ESO)**  **We need to make you aware that, before instituting legal proceedings for an offence under s443/444 Education Act 1996, the LA has a duty to consider whether it would be appropriate to apply for an ESO; an application could be instead of or in addition to a prosecution.** |

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| **The undersigned confirm that this is an accurate record of the discussions and outcomes agreed within the meeting. All parties agree to comply with the requirements set out in the action plan.** | | | | | |
| **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:** |  |
| **Parent/Carers:** | | | | | |
| I understand that, as parent, I am legally responsible for ensuring my child’s regular attendance at school. I agree with the content of these minutes and the plan, and it has been explained to me that this is an attendance contract, although not legally binding. Failure to adhere to the plan could result in a Notice to Improve being issued. | | | | | |
|  | | | | | |
| **Name:** |  | **Date:** |  | **Signature:** |  |
| I understand that, as parent, I am legally responsible for ensuring my child’s regular attendance at school. I agree with the content of these minutes and the plan, and it has been explained to me that this is an attendance contract, although not legally binding. Failure to adhere to the plan could result in a Notice to Improve being issued. | | | | | |
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| **Name:** |  | **Date:** |  | **Signature:** |  |
| **Child or Children (this section is voluntary for the child to complete):** | | | | | |
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| **Name:** |  | **Date:** |  | **Signature:** |  |
|  | | | | | |
| **Name:** |  | **Date:** |  | **Signature:** |  |