**Appendix D: Support and Attendance Plan**

|  |  |
| --- | --- |
| **Child or Young Person (CYP) name:** | **Year:** |
| **Date of birth:**  | **Attendance (%): Sessions missed** |
| **Identification of SEN:** |
| **Date of meeting:**  | **Plan no.** |
| **Who is invited?**  | **Role (Parent, Teacher, EWO etc)** | **Attending (Yes/No)** |
|  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Documents completed** *(tick if completed)***Date completed:**  |  | **Identification Tool** |  | **Ladder / Talk Mat activity (or other) to elicit CYP views** |  | **One Page Profile *with* CYP**  |

|  |
| --- |
| **Strengths / What is working well? (include successes and positive exceptions – *what was different about the times it was better / they got to school?*)**  |
|  |
| **Using information gained from the Identification Tool, Parent and CYP views, identify factors contributing to non-attendance and actions to promote school attendance:**  |
| **Factors keeping the CYP away from school? (push)** *eg. academic difficulties; feeling behind on work; conflict with peers; sensory overload; worries about…*  | **Factors encouraging the CYP towards home?** **(pull)** *eg. anxiety leaving parent; inconsistent routines; difficulties with sleep; positively rewarding activities)*  |
|  |  |
| **Discuss / note possible actions to promote / encourage school attendance and build skills** *(eg. promote strengths & interests eg. specific curriculum area; build trusted relationship/s with ‘safe Key Adult/s’; build relationships with peers; consistent routines; develop specific emotional social skills; build on what is working well etc)* |
|  |

|  |
| --- |
| **Additional views and information / update since last meeting:** ***What works well? What is working less well? What changes could make a positive difference?*** |
| **CYP views (refer to tools to elicit views; review regularly)**

|  |  |
| --- | --- |
|  | ***See CYP’s views attached*** |

 |
| **Parent / Carer views (include any changes in circumstance since last meeting)** |
| **Do you think the CYP has any additional or Special Educational Needs that have not been identified?**  |

|  |
| --- |
| **Desired outcomes – make SMART: *specific, measurable, achievable, realistic and timebound*** *(Identify priority outcomes eg. attendance, personal / emotional wellbeing, emotional social skills…)* |
| *How would you like things to change in the next two / four weeks?* *(eg. By end of week 2, CYP will…)**How would you like things to change in the next term / two terms? (eg. By end of term, CYP will…)* |

|  |  |  |
| --- | --- | --- |
| **Agreed actions / strategies and interventions** (eg. meet and greet / regular check ins, time-in card, seating plan, ELSA support, access to quiet base, break/lunch time support, emotional social skills intervention, morning / evening routines etc; consider parent support) | **Who will do this?**  | **When?**  |
| **Daily monitoring and communication between staff and parents / carers (eg. telephone call / email) to keep updated of the situation…** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Review** **(agreed timescale)** |  | **Daily communication (phone call / email) between school and parents / carers to keep updated**  |
|  | **weekly** |  | **within two to four weeks** |  | **within four to six weeks** |
| **Date and time of next meeting:**  | **Location:**  |

**Signed**

Parent / Carer: School (Support Lead / SENCo):

Key Worker: Other/s:

Date:

***Working together will lead to better outcomes for your child.***