**Appendix 1 - School Attendance Support Plan**

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St. Oswald’s Church of England Primary School

10% or more of sessions missed

(Based on each pupil’s possible sessions)

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| **Date of meeting:**  |
| **Pupil Name:**  |
| **DOB:**  | **School: St. Oswald’s CE Primary School** | **Year Group:**  |
| **Address:**  |
| **Overall Attendance %****Persistent Absence %**  | **Authorised**  | **Unauthorised**  |

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| **Details of Parents / Carers (including Absent Parent(s), Private Fostering Arrangement** (Private fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a ‘close relative’. This is a private arrangement made between a parent and a carer, for 28 days or more). |
| **Forename:**  | **Surname:**  |
| **Relationship to child:** |
| **Address:**  |
| **Contact No.:**  |
| **Present at meeting:**  |
| **Forename:** | **Surname:** |
| **Relationship to child:** |
| **Address:** |
| **Contact No.:** |
| **Present at meeting:**  |
| **Discussion:**  |

**What is going well?**

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| **Views of Parent/Carer:**  |
| **Views of the Child:**  |
| **Views of the School:** |

**What are we worried about?**

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| **Views of Parent/Carer:** |
| **Views of the Child:**  |
| **Views of the School:**  |

**What needs to happen?**

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| **Action Plan** |
| **Action** | **By Whom** | **Date to be completed** |
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| **Date attendance will be reviewed:**  |

**Appendix 2 - Attendance Panel Referral Form – this form can only be used if the child has over 15% unauthorised absence and who have had an attendance support plan put in place that has not resulted in improved attendance.**

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| **School:** **Phone No:****Name of Pupil:****M/F:****First Name:** **Surname:****Address:****Post Code:****Name of Parent(s)/Carer(s):****Others with Parental Responsibility:****Has the child got more than 15% Unauthorised absence?** **YES/NO****Is the pupil on an EHC Plan? YES/NO****Is pupil on SEN Register? YES/NO** **If yes, enter Code:****IS THIS CHILD SUBJECT TO A PENALTY NOTICE? YES/NO****IF YES, THE CHILD CAN NOT BE REFERRED TO THE ATTENDANCE PANEL** | **DOB:****Contact Numbers:****Home:****Work:****Mobile:****Yr. & Tutor Group:****Ethnicity:****Parental Language/Literacy****Difficulty** **Is the pupil a Child in Care? (LAC) YES/NO** **Is the pupil eligible for Pupil Premium? YES/NO** |

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| **Reasons provided for absence (please attach a current attendance print out)** |

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| **Other agencies involved: e.g. Early Help, Children’s Social Care, Police, CAMHS, YOT, School Health - Any other relevant information** |

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| **Reason for referral – Please attach school support and attendance plan any other relevant information** |

**SIGNED:**

**DATE:**

**PRINT NAME:**

**STATUS:**

**Date received by School Support Services:**