Informal School Attendance Meeting

Meeting details

|  |  |
| --- | --- |
| **Date** |  |
| **Time** |  |
| **Location** |  |

Attendee details

|  |  |  |
| --- | --- | --- |
| **Attendance Officer** |  | |
| **Attendees** | | |
| Name | | Role |
|  | |  |
|  | |  |
|  | |  |
|  | |  |

Parent/Carer details

|  |  |
| --- | --- |
| **Name and Title** |  |
| **DOB** |  |
| **Telephone number** |  |
| **Name and Title** |  |
| **Telephone number** |  |

|  |  |
| --- | --- |
| **Name and Title** |  |
| **DOB** |  |
| **Telephone number** |  |
| **Name and Title** |  |
| **Telephone number** |  |

Child details

|  |  |  |
| --- | --- | --- |
| **Name** | **Year group** | **Attendance % breakdown** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Parent attended meeting** |  |
| **Parent requested meeting to be rearranged** |  |
| **Parent did not attend** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| There is now an opportunity to explain why your child’s attendance has fallen below 90% to help us understand the difficulties/barriers to attendance at school.  *(Staff/other professionals can support parents in answering the questions if needed)* | | | | | | | | | |
| **1. Are there any reasons which you think may be affecting your child’s ability to attend school regularly?** *This list is not exhaustive.* | | | | | | | | | |
| Physical Health |  | Mental Health |  | SEN | | | |  | |
| Bereavement |  | Sleep routine |  | English as 2nd language | | | |  | |
| Substance misuse |  | Separated parents |  | Family relationships | | | |  | |
| Peer relationships |  | Bullying |  | Behaviour (school) | | | |  | |
| Behaviour (home) |  | Housing |  | Finance | | | |  | |
| Other |  |  |  |  | | | |  | |
| Please provide further details regarding the difficulties your family/child is experiencing at home or in school if any. ( reasons for poor attendance) | | | | | | | | | |
| Would you like some support from suitable services to help to resolve  these difficulties via an Early Help Assessment? | | | | | Y |  | N | |  |

**Child’s voice/reasons for poor attendance**

**Actions/plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** | | | |
| Parent/Carer |  | Date |  |
| **Signed** | | | |
| Parent/Carer |  | Date |  |
| **Signed** | | | |
| Young person |  | Date |  |
| **Signed** | | | |
| School Representative |  | Date |  |
| **Signed** | | | |
| School Representative |  | Date |  |
| **Signed** | | | |
| LA Attendance Officer |  | Date |  |