**School Attendance Improvement Meeting**

**Meeting details**

|  |  |
| --- | --- |
| **Date** |  |
| **Time** |  |
| **Location** |  |
| **Interpreter required** | Y |  | N |  | **Language** |  |
| **Attendees** |
| Name | Role |
|  |  |
|  |  |
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| **Apologies** |
| Name | Role |
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| **Parent attended meeting** |  |
| **Parent requested meeting to be rearranged** |  |
| **Parent did not attend** |  |

**Introduction**

Thank you for coming to this School Attendance Meeting. The meeting has been arranged as your child/ren’s attendance has fallen below 90% due to unauthorised absence. It will enable us to discuss the reason(s) for their absence and for us to jointly agree a support plan to improve your child/ren’s attendance in school.

*(Where there is more than one child in the family, information will need to be recorded separately from page 4 onwards)*

**Child details**

|  |  |
| --- | --- |
| **Name** |  |
| **DOB** |  | **Age** |  | **Year group** |  |
| **School** |  |
| **Pupil’s attendance** |  | **Unauthorised absence** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **DOB** |  | **Age** |  | **Year group** |  |
| **School** |  |
| **Pupil’s attendance** |  | **Unauthorised absence** |  |

**Parent/Carer details**

|  |  |
| --- | --- |
| **Name and Title** |  |
| **Status** |  | **DOB** |  |
| **Address** |  |
| **Home phone no.** |  | **Mobile phone no.** |  |
| **Occupation** |  | **1st language** |  |
| **Relationship to child** |  |

|  |  |
| --- | --- |
| **Name and Title** |  |
| **Status** |  | **DOB** |  |
| **Address** |  |
| **Home phone no.** |  | **Mobile phone no.** |  |
| **Occupation** |  | **1st language** |  |
| **Relationship to child** |  |

If the child/ren share their time between parents please provide details on how their time is shared i.e. how often do they stay overnight with each parent, how involved is each parent regarding their child’s education etc.

**Siblings**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | **DOB** |  | **NCY** |  |
| **School** |  |
| **Name** |  | **DOB** |  | **NCY** |  |
| **School** |  |
| **Name** |  | **DOB** |  | **NCY** |  |
| **School** |  |

**Discussion**

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| There is now an opportunity to explain why your child’s attendance has fallen below 90% by answering a few questions. Please answer them as completely as possible to help us understand the difficulties/barriers to attendance at school. The answers will help to form the support plan at the end of this meeting.*(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 misue |  | 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 if any. |
| Would you like some support from suitable services to help to resolvethese difficulties via an Early Help Assessment? | Y |  | N |  |
| **2. Has your child’s absence been due to them being too ill to attend?***(Provide copy of attendance printout).* |
| Please provide further details regarding your child’s illness if you have answered yes to the above question. |

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| --- | --- | --- | --- | --- |
| Has your child been seen by a GP or Consultant? | Y |  | N |  |
| Please provide details on the advice given if you have answered yes to the above question. |
| Do you have medical evidence i.e. a medical appointment card, letter from a professional, doctor’s note (not required), copy of a prescription, letters regarding hospital appointments or any other relevant evidence? **Handwritten notes or telephone calls from parents are not acceptable as evidence.** |
| If a GP/Consultant has not been spoken to please explain why not? |
| **3. What actions have you taken to get your child to school?** |
|  |
| **4. What has the school done so far to support the child and parent(s)?** |
|  |
| **5. Are any other agencies or professionals involved in working with your family?** |
| Early Help Assessment Coordinator | Y |  | N |  | Educational Pyschologist | Y |  | N |  |
| Complex Communication Team | Y |  | N |  | Grape Vine / Teen Vine | Y |  | N |  |
| Housing Officer | Y |  | N |  | Positive Directions | Y |  | N |  |

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| RISE | Y |  | N |  | School Nurse | Y |  | N |  |
| SEMHL | Y |  | N |  | Work Related Learning | Y |  | N |  |
| Other (please state) |
| What support are they providing? |
| **6. Are there any travel/transport difficulties affecting your child attending school on a regular basis? If so, what are the difficulties?** |
|  |
| **7. Is there anything else you would like to tell us?** |
|  |
| **8. Is there anything else we can support with?** |
| *(Parents to be advised that a 20-day monitoring period will be requested as part of the Attendance Improvement Plan).* |

Please now complete your school 6 week improvement plan with agreed actions for the school and parent.

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| --- |
| **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 |  |

**Record for when parents do not attend Attendance Improvement Meeting**

**Meeting details**

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

**Child details**

|  |  |
| --- | --- |
| **Name** |  |
| **DOB** |  | **Age** |  | **Year group** |  |
| **School** |  |
| **Pupil’s attendance** |  | **Unauthorised absence** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **DOB** |  | **Age** |  | **Year group** |  |
| **School** |  |
| **Pupil’s attendance** |  | **Unauthorised absence** |  |

**Parent/Carer details**

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| --- | --- |
| **Name and Title** |  |
| **Status** |  | **DOB** |  |
| **Address** |  |
| **Home phone no.** |  | **Mobile phone no.** |  |
| **Occupation** |  | **1st language** |  |
| **Relationship to child** |  |

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| --- | --- |
| **Name and Title** |  |
| **Status** |  | **DOB** |  |
| **Address** |  |
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| **Relationship to child** |  |

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**Siblings**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | **DOB** |  | **NCY** |  |
| **School** |  |
| **Name** |  | **DOB** |  | **NCY** |  |
| **School** |  |
| **Name** |  | **DOB** |  | **NCY** |  |
| **School** |  |

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| --- |
| **Did the parents let you know they were unable to attend the Attendance Review Meeting? If they did notify you please provide the reasons given below.** |
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| **Did the parent/carer ask for the meeting to be rearranged?** | Y |  | N |  |
| **Date meeting has been rearranged for** |  |