*School Name or print on headed paper*

**School Based Attendance Meeting Form**

|  |  |
| --- | --- |
| **Date of Meeting** |  |
| **Time**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Year Group**  |  | **DOB** |  |
| **Attendance %** |  | **Pupil Address** |  |
| **Learning hours lost** |  | **Minutes late** |  |
| **Any Special Needs** |  | **Postcode** |  |
| **Any CP / CIN involvement** |  | **Any other agencies involved (if not present)** |  |

|  |  |
| --- | --- |
| **Pupils Full Legal Name** |  |
| **Student present** |  |

|  |  |
| --- | --- |
| **Member of Staff Present (Full Name)** | **Job Title / Position** |
|  |  |

|  |  |
| --- | --- |
| **Other Professionals Present (Full Name)** | **Job Title / Position**  |
|  |  |

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| --- | --- | --- | --- |
| **Parent / Carers / Other family representative (full names)** | **Relationship to Child** | **DOB** | **Present at Meeting Y/N** |
|  |  |  |  |
|  |  |  |  |

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| --- | --- | --- | --- |
| **Attendance print out given** |  | **Was this parents/carers first choice of school** |  |
| **Are parents / carers aware of the absences** |  | **Are parents / carers aware of school attendance procedure** |  |
| **What is the distance from home to school** |  |  |  |

**Family Composition**

**This section must include all those with parental responsibility and / or those with day-to-day care**

|  |  |
| --- | --- |
| **Title, Full First Name and Full Surname** |  |
| **Relationship to Child** |  |
| **Do they reside with the child?** |  |
| **If not, do they have regular involvement / input?**  |  |

|  |  |
| --- | --- |
| **Title and Full First Name and Full Surname** |  |
| **Relationship to Child** |  |
| **Do they reside with the child?** |  |
| **If not, do they have regular involvement / input?** |  |

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| --- | --- |
| **Other significant people in the child’s life** |  |

|  |
| --- |
| **School concerns for absence** |
| severely persistently absent (below 50% attendance) |

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| **Pupils’ explanation for absences** |
|  |
| **Parents/carers explanation for absences** |
|  |

**Other Support**

|  |  |
| --- | --- |
| **Is a referral to external support agencies appropriate, and if yes which ones?** |  |
| **If so, are parents / carers in agreement?** |  |

|  |
| --- |
| **Key county-wide support** |
| **Children & Families Hub Directory of Services** ~ [Children and Families Hub Directory of Services (ctfassets.net)](https://downloads.ctfassets.net/knkzaf64jx5x/6zz8yV5tLgTl9vkcA60BB0/d31fa6389d45271c7612b56d2c99926b/Directory-of-services.pdf) |

|  |  |  |
| --- | --- | --- |
| Peabody | Mind | CAMHS/EWMHS |
| Kooth | Headspace | Affinity Project |
| Community 360 | Youth Service – have many such as the Good Man Project | Home-Start Essex |
| Power Project | Families in Focus | Evolve Intervention |
| Families Empowered | The Children’s Society | Kids Inspire |

|  |
| --- |
| **INSERT SCHOOL LOGO/PRINT ON HEADED PAPER** |

|  |  |
| --- | --- |
| **Agreed Action Plan for:** |  |

|  |
| --- |
| **Parents / Carers Action Plan** |
| Will ensure:* Pupil named above attends school every day or as timetabled by the school
* Contact is made with the school on every occasion that the child named above is absent
* Provide medical evidence in support of all absences due to illness / medical appointments if deemed appropriate by the school
* Meet with the school as and when necessary

 In addition, they will:  |

|  |
| --- |
| **Student Action Plan** |
| The Pupil named above:* Must attend school every day and on time, or as timetabled by the school
* Must seek appropriate assistance from school staff as and when required

In addition, they will: |

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| --- |
| **School Actions** |
| * School will continue to monitor attendance closely

In addition, they will: |

**Legal Action Warning Letter (LAWL)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has LAWL been issued | YES |  | NO |  |

|  |  |
| --- | --- |
| If yes, date of issue |  |

|  |
| --- |
| If no, please provide reasons |
|  |

**All attendees to sign below**

Please ensure that the below is completed fully, clearly, and accurately to confirm any actions agreed and information provided detailed.

|  |
| --- |
| 1st - Parent / Carer – Print (Full name) |
| Signature |
| Date |

|  |
| --- |
| 2nd - Parent / Carer – Print (Full name) |
| Signature |
| Date |

|  |
| --- |
| Pupil (if applicable) – Print (Full name) |
| Signature |
| Date |

|  |
| --- |
| School Representative – Print (Full name) |
| Job Title / Position |
| Signature |
| Date |