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|  | **School Review Meeting /Action Plan**  |
| **Pupil name** |  |
| **Date of Meeting** |  |
| **Date of Birth & Year Group** |  |
| **School** |  |
| **Minutes taken by** |  |

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| **Synopsis of Medical Issue** |
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| **Engagement and Reintegration – updated form to be sent along with minutes** |
| **What is working well – Education provider** |
| **What is working well – School** |
| **What is working well – Pupil** |
| **What needs to improve – Education Provider** |
| **What needs to improve – School** |
| **What needs to improve – Pupil** |
| **Current working levels** |
| **English Lang:****No of Hrs:****Tutor name:** |
| **English Lit:****No of Hrs:****Tutor name:** |
| **Maths:****No of Hrs****Tutor name:** |
| **Attendees: Name and role**  |
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| **Minutes** |
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| **Action** | **By When** | **Person Responsible** |
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| **Continued provision – (12 week only) Agreed by Education Access and understood by, Parent/Carer, School, and other agencies**Further to your attendance at the medical review meeting these minutes confirm that the partnership agreement to support the above student has been extended for a further period of up to twelve weeks. The plan to support with continued education and reintegration into the above named school was agreed. |
| **Provision agreed:** |

**Next review:**

**Minutes to be sent within 48hours of meeting held.**

**Progress reports do not need to be sent to Education Access**