**School Logo / Headed Paper / Sent from an official school email address with a clear email signature**

* **This communication should be pasted into the body of an email (rather than as an attachment), which should be sent with a read receipt requested;**
* **The ‘TO’ field of the email must be addressed to an individual parent (separate emails should be sent to each individual parent);**
* **The subject field should make clear the content of the communication. Please note parent/s email addresses must not be in the CC or BCC field;**
* **If being sent as a letter, please ensure the full address section is completed as per the below and send to each parent via first class royal mail post.**

Title, full forename name and surname

Full address

Full address

Postcode (ensure is accurate)

Date

Dear Title, Full Forename and Surname,

**RE: Pupil Name (Date of birth)**

**School Attendance**

Further to our discussion on DATE, we want to thank you for engaging with us. We hope the support, which we have designed and agreed together will help PUPIL NAME to attend school regularly and benefit from all the educational opportunities available to them. Again, this is not just about their learning, but their wider wellbeing and development. We may need to come together regularly to ensure the provision/adjustments agreed continue to address concerns and meet NAME’s needs, please therefore do not hesitate to contact us.

As advised, the aims of the conversation were to:

* Understand the reasons for absence and any concerns, so that the right support is put in place where applicable
* Discuss working together placing the pupil’s best interests at the heart of our support offer
* Build/maintain trusted, strong working relationships between pupils, families, and the school
* Put support in place that focuses on the individual pupil voice and wellbeing
* Have open and honest discussions to facilitate the right support
* Signpost to wider/further support and make any necessary referral/s
* Document referrals and actions, noting who the lead practitioner will be, and who will take forward each action (documentation of this discussion is important, as is ensuring relevant parties are made aware of any concerns and support discussed to ensure continuity of support by all parties)

During the discussion, consideration was given to making referrals to a variety of services. You agreed to referrals to the following service:

* LIST ALL SERVICES AGREED e.g. Team Around the Family Service, School Nursing Team, CAMHS, Family Solutions, Families in Focus, Youth Service, Etc.

You did not agree that referrals to the following services would be beneficial at this time:

* List those discussed but not agreed

Please find attached/enclosed the notes taken during the meeting and supporting documents discussed. Below is also a summary of support / actions agreed during the discussion.

**Adjustments / Support agreed**

LIST ADJUSTMENTS / ACTIONS, including who is responsible for the action, examples below, can be bullet pointed or using table format

Example:

|  |  |  |  |
| --- | --- | --- | --- |
| Adjustment / Action | Responsible | By | Completed |
| School to arrange toilet pass | Name of school representative and position  | DATE (next school day) |  |
| Parent to contact GP to discuss… | Parent(s) name(s) |  |  |
| Parent to feedback result of GP conversation | Parent(s) name(s) |  |  |
| Completion of [Let's Talk… We Miss You: Best practice and guidance for maximising](https://secureschools.essex.gov.uk/DisplayDocument.aspx?DocID=691) [school attendance (PDF, 2.09MB)](https://secureschools.essex.gov.uk/DisplayDocument.aspx?DocID=691)  | School rep name completing, pupil name and parent(s) name(s) |  |  |
| School to organise a Team Around the Family Meeting |  |  |  |
| School to discuss anonymously at Early Help Drop-In |  |  |  |
| School and family to discuss with SENCO – if SEN Support / EHCP – in place or potentially required  |  |  |  |
| Medical report to support a referral to Education Access | Parent(s) name (s) |  |  |
| School to discuss concerns with the schools named Inclusion Partner | Name of school representative and position |  |  |
| School to ensure all relevant school-based parties are aware of agreed adjustments. School to circulate to (delete/add as appropriate):* Form Tutor
* Head of Year
* Attendance Officer
* SENCO (Special Educational Needs Coordinators)
* Designated Safeguarding Lead and Deputy
* Pastoral Support Team
* If a Looked after child, or previously looked after – Designated Teacher
* Senior Attendance Champion
 | Name of school representative and position |  |  |

Yours sincerely,

*Forename and Surname*

*Position held*

Telephone number: XXXXXXXXX

Email: XXXXXXXXX

**Notes for school (to be removed before sending out)**

* School to email/send to those with parental responsibility
* Ensure accurate attendance record is included