**Attendance Support Plan**

This section should be used where there are concerns about a child’s or young person’s attendance at school.

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| Name of Young Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Identification of Risk – Potential Triggers** | | | | | | | | | | | |
| **Transportation** | | * Difficulty getting organised in time for transport * Difficulties with other young people sharing vehicle * Difficulties with transport company / driver | | | | | | | | | |
| **Feeling safe in school** | | * Anxiety about being away from caregiver * Anxiety about travelling to school in area (gang related) * Anxiety about other pupils’ behaviour (school doesn’t feel safe) | | | | | | | | | |
| **Health** | | * Ongoing physical/ mental health issue supported by GP * Substance misuse * Poor sleep routines | | | | | | | | | |
| **Learning** | | * Difficulty settling to learn * Anxiety about academic levels / performance * Difficulty engaging with/ accepting direction from members of staff | | | | | | | | | |
| **Home** | | * Caring for family members (parent/sibling) * Transitional home placements (Homelessness/LAC) * Concern for safety of family member (domestic abuse/medical/substance misuse) | | | | | | | | | |
| **Social** | | * Difficulties with peers (social communication / gang related) * Discrimination related issue (racism/sectarianism/gender) * Lack of confidence in academic ability | | | | | | | | | |
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| **Getting it Right for Every Child** | | **Whereabouts unknown during school day** |  | **Police Concern during school day** | |  | **Child Protection Register** | |  | **Looked After Pupil** |  |
| Adverse Outcomes likely as a result of low attendance at school | |  | | | | | | | | | |
| **Risk Reduction Planning** | | | | | | | | | | | |
| Agreed Intervention Strategies | Implemented By | | | | Success Criteria | | | Monitored By | | | |
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| Agreed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Pupil) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Key Teacher) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent / Guardian)  Agreement Date:  Review Date: | | | | | | | | | | | |