**MODEL ATTENDANCE CONTRACT**

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| **Pupil Name** |  | **Date of Birth** |  |
| **School** |  | **Meeting Date and Location** |  |
| **Year Group** |  | **Other Agency Representatives (EWO, TEHSP)** |  |

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| **Name of Parent(s)/Carer(s)** |  |
| **School Representative** |  |

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| **RATIONALE FOR COMPLETING THIS CONTRACT**  *Is school attendance below expectation?*  *What steps have school taken to address this and what support, if any has been offered by school?*  *What support has worked well/not well?*  *Who is responsible for ensuring the required changes are enacted?* |
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| **Attendance % during previous 10 school weeks** |  |
| **Unauthorised absence % during previous 10 weeks** |  |
| **Overall % attendance** |  |

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| **BARRIERS OR RISK TO ATTENDANCE**  *Are there any safeguarding concerns for the child/young person?*  *Is the child/young person at risk of exploitation or become a child missing from education?*  *Are there any known financial concerns or a change in financial circumstances?*  *Is the child or young person a carer?*  *Does the child/young person have any emotional or physical health concerns?*  *Does the child/young person have any disabilities, special educational needs or Education, Health and Care Plan?* |
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| **STRENGTHS AND PROTECTIVE FACTORS**  *What does social integration look like for the family/child/young person?*  *Are there any wider family or significant others who offer support?* |
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| **CONSULATATION WITH PARENTS/CARERS – THOUGHTS, WISHES AND FEELINGS ON WHAT THEY WANT TO ACHIEVE** |
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| **CONSULTATION WITH CHILD/YOUNG PERSON – THOUGHTS, WISHES AND FEELINGS ON WHAT THEY WANT TO ACHIEVE – IF AGE APPROPRIATE** |
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| **TARGETS AGREED FOR IMPROVEMENT?** |
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| **RECOMMENDATION FOR SUPPORT NEEDS TO BE PROVIDED TO ACHIEVE TARGET?**  *Would the child/young person benefit from additional support in the classroom/school environment?*  *RAG rating of timetable/personalised learning plan?*  *Internal referral made to support services in school?*  *Early Help assessment?*  *Consideration of assess plan do review, education psychologist or any reasonable adjustments* |
| * Attendance team to continue to follow up any Late/Absence with home |

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| **SUPPORT FROM OTHER AGENCIES** |

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|  | **Y** | **N** |
| **0-19** |  |  |
| **Early Help Assessment** |  |  |
| **Other (COMPASS etc)** |  |  |

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| **AGREED ACTION** |
| **The parent/carer will** |
| * Ensure [pupil] attends school and is ready for learning each morning * **EXPLAIN HOW THIS WILL BE ACHIEVED** |
| **The school will** |
| * Attendance team to continue to follow up any Late/Absence with home |
| **Other agencies will** |
| * School will refer to EWS if further unauthorised absence occurs |

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| **Progress will be reviewed after X school weeks** | **Date:** |
| **The final review will be held after a further X school weeks** | **Date:** |

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| I agree to comply with the requirements within this attendance contract. I understand that if I do not carry out the actions agreed in this contract and school attendance does not improve, then I may be at risk of receiving a “Notice to Improve” letter which may result in a penalty notice being issued to me if my child’s attendance does not improve, or other legal action considered by the school and Local Authority. (Note: each parent/carer is liable for legal penalties.).  **Signed …………………………………………** (Parent/carer) **Date ………………………..**  **Signed …………………………………………** (Parent/carer) **Date ………………………..** |
| **Signed by pupil:**  **Signed ………………………………………… Date ………………………..** |
| **Signed on behalf of the school:**  **Signed ………………………………………… Date ………………………..** |
| **Signed on behalf of Education Welfare Service (if applicable):**  **Signed ………………………………………… Date ………………………..** |