St Peter's CE Primary School - LOVE LEARN SHINE Education, Well-being & Engagement Plan		St. Peter's		
Name:		D.O.B.	Form/Class:	
Rationale and Background: (Why do we r Low attendance or truancy Low attainment or engagement in learning Friendship issues or concerns about wellbe				
Plan start date:	Current Attendance %	Recommend 3 - 6 w	b be shared with parents/carers and external agencies	
Summary of any current provision & support	ort:	People Involved (Ind Include any signification	cluding Outside Agencies): Int adults	
Links to other plans: EHCP/IEP/Risk assessment/Behaviour m	nanagement plan/Safeguarding Plan (EH/CP/CI	N)		
Schools voice – I would like you to know that: Current concerns, observations, assessments, reports			This means that: What is the impact on attendance, engagement, wellbeing, attainment, friendships, relationships, what does the school think might help.	
Student Voice - I would like you to know that: (If not present who has gathered the views of the child) Ensure this is their voice- quote where necessary Identifying barriers		What is the impact	This means that What is the impact of the barriers raised by the student, what does the student think might help.	

Parent/Carers Voice - I would like you to kno What is happening at home, in the community Identifying barriers		This means that: What is the impact of the barriers ra think might help	ised by the family, what does the family
Additional Information: Include any further relevant information so Any complicating factors Travel arrangements Transition support (new school or placeme If not attending, where are they when not What are the potential barriers to achievin	ent) in school?	kfast club etc.	
Agreed next steps or targets: 1. 2. 3.	AIV	Who is responsible	
School:	Student:	Parents/ Guardians:	Other:

School:	Student:	Parents/ Guardians:	Other:
			School support staff or External
Signed:	Signed:	Signed:	agency
Date:	Date:	Date:	Signed:
			Date:
End of initial meeting			

Review meeting 1 – Refer to Initial Meeting Information a	nd Targets	
Name:		Date:
People involved in reviewing the plan: e.g. JP, SN, GC, Parents. CAHMS, Student, Key worker etc	Current attendance %	Summary of meeting – progress towards next steps (including any additional actions) Main points of discussion and outcomes of previous actions. Have targets been met? Consider successes and build on these – rewards?
agreed next steps or targets:		
2.		

School:	Student:	Parents/ Guardians:	Other:
			School staff or External agencies
Signed:	Signed:	Signed:	Signed:
Date:	Date	Date	Date

End of review meeting 1

SAMPLE