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| --- | --- | --- | --- |
| **Name:**  **Year Group:** | **Class:** | **Start Date:** | **End Date** |
| **Start date situation:**  **Attendance Levels:**  **Positives and Strengths:** | **Plan First Meeting** | **Review 1 Date**  **When will this occur?** | **Review 2 Date** |
| **Objective for coming period?** |  | **What’s been achieved?**  **New Objective?** | **What’s been achieved?**  **New Objective?** |
| **What will school do/try?** |  |  |  |
| **What will parents do/try?** |  |  |  |
| **Young person needs to/try?** |  |  |  |
| **Parents Signature** | **Pupil Signature** | **School Signature** |  |