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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**  |  |