**School Attendance Review Meeting Record Sheet** (All parents comments must be recorded)

Meeting held on: …....………………………………………………………………………………..

At: ……………………………………………………………………………………………………...

Attended by (Please include the names and job titles of staff, the name of parent(s) and any person accompanying them):…………………………………………………………………..

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**Introduction**

Thank you for attending this School Attendance Review Meeting. The meeting will provide you with the opportunity to explain why your child/ren has/have had unauthorised absence and for us to agree a parent/school contract at the end to improve their attendance in school. ***(if there is more than one child in the family, record information on separate sheets from page 2 onwards).***

| **Child Name**……………………………………….  **DOB**……………………………………………….  **Address**…………………………………………...  ……………………………………………………..  …………………………………………………….. | **Child Name**…………………………………  **DOB**…………………………………………  **Address**…………………………………….  ………………………………………………  ……………………………………………… |
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| **Parent/Carer Name**  …………………………………………………………  **DOB**……………………………………………….  **Address**…………………………………………..  …………………………………………………….  …………………………………………………….  **Relationship to child/ren …………**………………………………………….. | **Parent/Carer Name**  ………………………………………………  **DOB**…………………………………………….  **Address**…………………………………….  ………………………………………………  ………………………………………………  **Relationship to child/ren …………**…………………………………… |

**If only one person attends the SARM:**

Do you have a partner who lives at this address? If so what is their name?

Parent/Carer Name ……………………………………………………… DOB………………….

Relationship to child/ren: ………………………………………………………………………….

For a parent who lives at a different address from child/ren describe all contact they have with child (how often/do they stay overnight/are they involved regarding their child/ren’s education etc)

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**“Y*ou now have an opportunity to explain why your child has poor attendance. I am going to ask you some questions. Please answer them as fully as possible.”***

**(Note that it is acceptable for staff to assist parents in answering the questions if necessary)**

**1. What actions have you taken to get your child to attend school?** …....……………………………………………………………………………………………….…...………………………………………………………………………………….………….…………..………………………………………………………………………………………………………….

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**2. Are there any reasons, such as difficulties at home, housing problems, illness or disability issues, relationship or behaviour difficulties etc., which you think may be affecting your child’s ability to attend school regularly?**

Y N

If yes, could you please outline the difficulties the family is experiencing?

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Would you like some assistance from relevant services in order to help to resolve these difficulties via an Early Help Assessment?

Y N

**3. Has your child been too ill to attend school during the period of absence?** **(Show copy of attendance printout)**

Y N

If yes:

What illness has the child had?….…………………………………………………………………

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Have you taken your child to a GP or Consultant? Y N

If yes, what advice did they give you?.....................................................................................

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Do you have medical evidence i.e. a medical appointment card with one appointment entered, letter from a professional, doctor’s note (not required), medication prescribed by a doctor, copy of a prescription, print screen of medical notes, letters concerning hospital appointments or any other relevant evidence? **Handwritten notes or telephone calls from parents are not acceptable when attendance is of serious concern.**

Y N

If a doctor has not been consulted, why not? …………………………………………………….

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Do you consent to a school nurse referral if needed?

Y N

If yes, what is the name of your child’s GP and which surgery are they registered with please? If no, what is the reason for the refusal to consent? ...................................................................................................................................................................................................................................................................................................................................................................................................................................................

**4. Are any other agencies or professionals (involved with) working with your family?**

Y N

If yes, who are they and what work are they doing with your family?

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**5. Are there any travel issues affecting your child attending School regularly?**

**(Discuss transport arrangements at this point if pupil is in receipt of home / school transport)**

Y N

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**6. “Is there any further support we can offer you?”**  Y N

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# Parent/School Contract

## “We are now going to agree on a parent/school contract to ensure that attendance improves.”

**(**All paperwork must be **legible** and **signed**, **photocopied** and **a copy given to each parent at the end of the meeting -** all 5 pages of this document. **Send a typed copy of the parent/school contract if writing is not easy to read).**

**Agreed actions by parent/carer**

* Ensure your child attends school every day it is open, on time, escorting them into school and handing them over to a named person if necessary. **(If the parent is required to hand the child over to a member of staff / School Reception, and/or a part-time timetable has been agreed for a short period of time to re-integrate the child back into school please record the arrangements here) ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**
* If your child is going to be absent for any reason, you will contact the school on the first day of every absence **before 9.30am** stating the reason for absence and the likely return date.
* Take your child to the doctor if unwell and provide the school with medical evidence i.e. an appointment card with one appointment entered, letter from a relevant professional, hospital letter concerning appointments, medication prescribed by a doctor, copy of prescription, print screen of medical notes or any other medical evidence which enables the Head Teacher to authorise the absence as illness or medical appointment. School will not authorise medical absence without this evidence. (**Handwritten notes or telephone calls from parents are not acceptable when attendance is of serious concern).**
* You will contact the school if your child is experiencing any difficulties preventing regular attendance.

**Any other actions agreed;**

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**Actions by School**

* To respond to parental contact promptly.
* To continue to monitor attendance.
* To complete Early Help assessment ***(delete as appropriate)***
* To complete a school nurse referral ***(delete as appropriate)***
* To **only** authorise absence due to illness when provided with medical evidence. **(Handwritten notes or telephone calls from parents are not acceptable when attendance is of serious concern).**

**Any other actions agreed:**

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### Statement

I must advise you that any further unauthorised absence is likely to lead to legal action.

The law states that your child must attend school on every occasion that it is open unless there is a reason that enables the Head Teacher to authorise the absence under the Regulations. The law also states that it is parents’ responsibility to ensure their child attends school regularly.

Statement read to the parent(s) Y N

School representative ………………………….....Signed…….………………Dated……..…….

**Parent Statement**

I confirm that I have read these notes and understand the contents of this meeting.

Parent/Carer……………………………Signed……………………………. Dated…………... ….

Parent/Carer……………………………Signed……………………………. Dated…………... ….

**‘Parent’ includes any person who is not a parent of the child but who has parental responsibility for the child or who has care of him/her.**

Have copies of the School Attendance Review Meeting Record Sheet been given to the parent at the end of the meeting?

Y N

**School Attendance Review Meeting - Record sheet to be used when parents haven’t attended the SARM**

Meeting held on: ……………………………………………………………………………………..

At: ……………………………………………………………………………………………………...

| **Child Name**……………………………………….  **DOB**……………………………………………….  **Address**…………………………………………...  ……………………………………………………..  …………………………………………………….. | **Child Name**…………………………………  **DOB**…………………………………………  **Address**…………………………………….  ………………………………………………  ……………………………………………… |
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| **Parent/Carer Name**  …………………………………………………………  **DOB**……………………………………………….  **Address**…………………………………………..  …………………………………………………….  …………………………………………………….  **Relationship to child/ren …………**………………………………………….. | **Parent/Carer Name**  ………………………………………………  **DOB**…………………………………………….  **Address**…………………………………….  ………………………………………………  ………………………………………………  **Relationship to child/ren …………**…………………………………… |

Did the parents notify you that they couldn’t attend the SARM? If yes, what was the reason given?.........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

Did the parents request the meeting be re-arranged? Y N

Rearranged date and if the parents attended: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………