# Pastoral Support Plan form, review and cessation record

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| --- | --- | --- | --- | --- | --- | --- |
| This Pastoral Support Plan (PSP) aims to re-integrate or maintain the pupil in full time education through providing additional support. The PSP may include dis-applying the curriculum to free up the time necessary for specific learning activities or may include a reduced curriculum (timetable) for a specific period. This document is to be reviewed every six weeks as minimum with a view to increasing the learning to a full-time programme. When not in school the learner’s attendance will be recorded as an authorised absence or as receiving off site provision when this is the case. | | | | | | |
| **Pastoral Support Plan** | | | | | | |
| **1. Personal Details** | | | | | | |
| **Name of young person** |  | | | | | |
| **Date of birth** |  | | | | | |
| **Age** |  | | | | | |
| **Year group** |  | | | | | |
| **Address** |  | | | | | |
| **Designated Teacher** |  | | | | | |
| **Designated Parent/Carer** |  | | | | | |
| **Date of next full review** |  | | | | | |
| **Looked after Child** | Yes ☐ No ☐  *If yes, name of social worker* ***NB he/she must be involved in PSP process:*** | | | | | |
| **2. Reason for PSP** | | | | | | |
| **SEMHP panel referral** | | | | Yes ☐ No ☐ | | |
| **Anxiety/ Mental Health need preventing or restricting attendance at school** | | | | Yes ☐ No ☐ | | |
| **Physical medical Condition / Need preventing or restricting attendance at school** | | | | Yes ☐ No ☐ | | |
| **To allow/agree disapplication of the curriculum and/or work experience placement /risk of school failure through disaffection** | | | | Yes ☐ No ☐ | | |
| **Other (please specify)** | |  | | | | |
| **3. Triggers** | | | | | | |
| **Subject (s)** |  | | | | | |
| **Staff** |  | | | | | |
| **SEN/ALN** |  | | | | | |
| **Times of the day** |  | | | | | |
| **Other (please specify)** |  | | | | | |
| 4. **Any other comments or relevant information e.g. current concerns / what are the ALN of the pupil?** | | | | | |  |
|  | | | | | |  |
| **5. What does the young person need to support them at this time?** | | | | | **Person (s) Responsible** |  |
| **Any referrals to other agencies required?** | | |  | |  |  |
| **Amendment to timetable/school day/curriculum (or other)** | | |  | |  |  |
| **Aims/objectives of identified action (s)** | | |  | | |  |
| **Success criteria – how will we know that the provision is making a difference?** | | |  | | |  |
| **How will we know when the provision is no longer needed or can be adapted – increased hours alternative venue etc?** | | |  | | |  |

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| **6. Individualised times of school attendance and EOTAS provision** | | | | | |
| **DAY** | | **In School**  **Please state start / finish times** | **At Home**  **Please state start / finish times** | | **Provision outside of school (e.g. work experience, EOTAS provision, off-site education provision organised by the school)**  **Please state start / finish times** |
| **Monday** | |  |  | |  |
| **Tuesday** | |  |  | |  |
| **Wednesday** | |  |  | |  |
| **Thursday** | |  |  | |  |
| **Friday** | |  |  | |  |
| Where a learner is attending provision outside of school, is full reintegration back into mainstream school feasible? | | | | | Yes ☐ No ☐ |
| Where feasible, what is the timescales required for this to happen? | | | | |  |
| **7. Transport** | | | | | |
| **DAY** | | **To school** | **To home** | | **To provision other than at school (e.g. work experience, EOTAS, off-site education provided by school)** |
| **Monday** | |  |  | |  |
| **Tuesday** | |  |  | |  |
| **Wednesday** | |  |  | |  |
| **Thursday** | |  |  | |  |
| **Friday** | |  |  | |  |
| 8**. Learners’ Individual Targets / Aims to achieve from this PSP provision** | | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| **9. Parents/Carer and School Obligations** | | | | | |
| 10 | **Parent/Carer – Pupil** | | | **School** | |
| To attend a full review of the Pastoral Support Plan on the date stated in  Section 1. | | | To attend a full review of the Pastoral Support Plan on the date stated in Section 1.  School to provide access to online learning resources and account details for this. School to provide all necessary exam registrations, and support for any formal exam entries. | |
| 11 | To support the school in efforts towards re -integration into School on full time basis as an end goal.  consider whether full reintegration to mainstream schooling is feasible | | | To support the parents and pupil in efforts towards re -integration into school on full-time basis as an end goal.  consider whether full reintegration to mainstream schooling is feasible and the timescale required for this to happen. | |

**Reference should be made to any additional resource issues such as:**

Access to online learning resources and account details for this. Exam registrations, and support for any formal exam entries.

Please sign and date in the correct boxes below:

|  |  |  |  |
| --- | --- | --- | --- |
| Pupil’s name (print): |  |  |  |
| Signature: |  | Date: |  |
| Parent’s name (print): |  |  |  |
| Signature: |  | Date: |  |
| Teacher’s name (print): |  |  |  |
| Signature: |  | Date: |  |
| **Other professionals:** | |  |  |
| Name and role (print): |  |  |  |
| Signature: |  | Date: |  |

**Pastoral Support Plan Review**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | School View  on PSP | Parent View  on PSP | Other professionals’ views on PSP | Comment |
|  | Continue ☐  Modify ☐  Cessation ☐ | Continue ☐  Modify ☐  Cessation ☐ | Continue ☐  Modify ☐  Cessation ☐ |  |
|  | Continue ☐  Modify ☐  Cessation ☐ | Continue ☐  Modify ☐  Cessation ☐ | Continue ☐  Modify ☐  Cessation ☐ |  |
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**PSP Cessation Record**

|  |  |
| --- | --- |
| **Name of pupil** |  |
| **School and NC Year** |  |
| **Reason for ceasing** (e.g.)  Parental choice  Non engagement  End of statutory schooling  Return to full time schooling  Targets met  Please supply details |  |
| **Timescale for cessation** | Phased ☐ Immediate ☐ |
| **What will the future provision be?** |  |
| **Who will be responsible and main contact from now on?** |  |
| **Who will be professionally involved to support the pupil now that the PSP has ceased or when it will cease?** |  |
| **Are any further measure needed – signposting/ referrals eg Careers Wales for Yr 11 NEET prevention etc.** |  |

Please sign and date in the correct boxes below:

|  |  |  |  |
| --- | --- | --- | --- |
| Pupil’s name (print): |  |  |  |
| Signature: |  | Date: |  |
| Parent’s name (print): |  |  |  |
| Signature: |  | Date: |  |
| Teacher’s name (print): |  |  |  |
| Signature: |  | Date: |  |
| **Other professionals:** | |  |  |
| Name and role (print): |  |  |  |
| Signature: |  | Date: |  |