**REINTEGRATION MEETING:**

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| **NAME:**  **YEAR:** | **Previous suspensions :**  **(dates)** | **Current suspension:**  **(date and duration)** |
| **Previous Actions Taken (If applicable): *If the child has had previous suspensions then what strategies/adaptations have been implemented to prevent a further exclusion?*** | | |

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| **What happened?** *A brief summary of behaviour which led to the exclusion and reference to the rule/behaviour policy. Could detail here the impact the behaviour had on other individuals****.*** | |
| **What should have happened?** *Detail responses which include accountability by both party*. | |
| **Pupil:** | **Staff:** |

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| **What have we learnt and what can we change?** *This needs to take account of knowledge each of the parties have gained from the previous sections so they understand how their actions have affected others. It is an opportunity to identify triggers/hotspots so changes can be made to prevent similar behaviours reoccurring.* | |
| **Pupil:** | **Staff:** |

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| **How can we change it?** *The response to this should form part of the pupil’s support plan and agreed targets, so both pupil and staff know how to support achievement of successful outcomes.* | |
| **Pupil:** | **Staff:** |

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| **Parent View/Comments:** |
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| **Date of next review meeting:** |

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| **Is an IBP or a Physical Handling Plan now needed? If they are, please find the model examples below.** |

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| **Signed (pupil):** | **Signed (parent/carer):** | **Signed (staff):** |
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