**This form is to be completed by the school. The purpose of this plan is to support vulnerable pupils back into school, when needed and should be reviewed by the school with parent/carer and the child (as appropriate) on a weekly basis.**

**Please see the guidance notes for this form, which should be read alongside government plans and advice: see FAQ document SEND Children Returning to School, Risk Assessment for School Reopening.**

|  |  |  |
| --- | --- | --- |
| **Pupil Name:** | **People contributing to the plan:**  | **Date:** |
| **Pupil’s Views:** | (Include how these have been obtained)What worries you about returning to school?What will help you feel less worried?What support will you need to return to school? |
| **Parent/carer views:** | (Include how these have been obtained)Thinking about your child returning to school, what are you worried about?What will help you feel less worried?What support will your child need to return to school? |

**Risk Assessment – Consider potential and actual risk:**

| **Specific Concern/ Risk** | **Green** | **Amber** | **Red** | **Actions to reduce risk** | **In Place (Y/N)** | **Implications for opening the school and further action proposed** |
| --- | --- | --- | --- | --- | --- | --- |
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**Key Area to Consider:**

|  |  |  |
| --- | --- | --- |
|  | **Current Situation**  | **Desired Outcome** |
| **Wellbeing** **Child Support** |  |  |
| **Steps to Success** |
|  | **Aims** | **Actions** | **Review** |
| **Week 1** |  |  |  |
| **Week 2** |  |  |  |
| **Week 3** |  |  |  |
| **Week 4** |  |  |  |
|  |  |  |  |
|  | **Current Situation**  | **Desired Outcome** |
| **Wellbeing** **Family Support** |  |  |
| **Steps to Success** |
|  | **Aims** | **Actions** | **Review** |
| **Week 1** |  |  |  |
| **Week 2** |  |  |  |
| **Week 3** |  |  |  |
| **Week 4** |  |  |  |
|  | **Current Situation**  | **Desired Outcome** |
| **What are the adaptations to the curriculum?** |  |  |
| **Steps to Success** |
|  | **Aims** | **Actions** | **Review** |
| **Week 1** |  |  |  |
| **Week 2** |  |  |  |
| **Week 3** |  |  |  |
| **Week 4** |  |  |  |
|  | **Current Situation**  | **Desired Outcome** |
| **What the support will look like?** |  |  |
| **Steps to Success** |
|  | **Aims** | **Actions** | **Review** |
| **Week 1** |  |  |  |
| **Week 2** |  |  |  |
| **Week 3** |  |  |  |
| **Week 4** |  |  |  |
|  | **Current Situation**  | **Desired Outcome** |
| **What are the necessary adaptions to daily school procedures, including adaptations to the behaviour policy?** |  |  |
| **Steps to Success** |
|  | **Aims** | **Actions** | **Review** |
| **Week 1** |  |  |  |
| **Week 2** |  |  |  |
| **Week 3** |  |  |  |
| **Week 4** |  |  |  |
|  | **Current Situation**  | **Desired Outcome** |
| **What are the new arrangements for getting in and out of school for moving around ?** |  |  |
| **Steps to Success** |
|  | **Aims** | **Actions** | **Review** |
| **Week 1** |  |  |  |
| **Week 2** |  |  |  |
| **Week 3** |  |  |  |
| **Week 4** |  |  |  |
|  | **Current Situation**  | **Desired Outcome** |
| **Outside Agency Support or Involvement**  |  |  |
| **Steps to Success** |
|  | **Aims** | **Actions** | **Review** |
| **Week 1** |  |  |  |
| **Week 2** |  |  |  |
| **Week 3** |  |  |  |
| **Week 4** |  |  |  |
| **Assessment Completed By:** | **Designation:** | **Date reviewed (week 1):****Date reviewed (week 2):****Date reviewed (week 3):****Date reviewed (week 4):** |