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| My Return to School Support Plan  |
| Name: | Date: |
| I am worried about these things |
| C:\Users\AMJP2420\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\358E67B5.tmp |
| My key adult(s) in school is/are: |
| C:\Users\AMJP2420\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\9DFE4D66.tmpWhen I can speak to my key adult(s):Where I can speak to my key adult(s):  |
| Until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ my return to school plan includes the following changes to my attendance:  |
| C:\Users\AMJP2420\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\FE2F5D6B.tmp(Identify any changes to days or time they come in)  |
| My timetable: |
| http://teamspace.westsussex.gov.uk/teams/DDU/GD/Shared%20Documents/Artwork%20Proofs/WS32198%20Emotionally%20Based%20School/shutterstock_312780725.jpg(Identify what the structure of the day is) |
| Any other changes include: |
| C:\Users\AMJP2420\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\3EAAC731.tmpIdentify any other changes to routines, (break, lunch times, changes between lessons etc.) classroom expectations (not expected to read aloud, work in pairs etc.) or homework. |
| When I start to get upset, I notice these things about myself: |
| C:\Users\AMJP2420\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\3E3BD70D.tmp |
| When I start to get upset, others notice these things about me: |
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| Things I can do to make myself feel better when I’m at school: |
| C:\Users\AMJP2420\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\1FB156A9.tmp |
| Things that school will do to help me feel safe |
| C:\Users\AMJP2420\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\8FF4794D.tmp |
| Things that my family can do to support me to attend school: |
| C:\Users\AMJP2420\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\C1D1D91.tmp |
| Places in the school I can go to where I feel safe and supported: |
| C:\Users\AMJP2420\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\AF81BBEB.tmp |
| This plan will be reviewed regularly so that it remains helpful.  |
| Review date:  |
| My signature | Key adult’s signature | Parent signature |
|  |  |  |
| Other people who have access to the plan are: |
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