**Fixed Term Exclusion Reintegration Meeting**

Name of child: School:

DOB:

Period of exclusion:

Reintegration Date:

Present:

Reason for exclusion:

***The purpose of the meeting is to talk about your child’s behaviour, but also to explore whether there is anything that could be affecting it and to discuss making some support available if that would help your child.***

1. Is there anything that school should be aware of which might explain the behaviours experienced?
2. How are we ensuring that returning to school is a positive experience
3. How are staff helping the child to do things differently?
4. How are we assessing Social, Emotional or mental health needs
5. In addition to strategies that manage behaviour, how is teaching and provision filling gaps in Social and Emotional aspects of learning
6. Review meeting date to track progress and develop further provisions? None

Signed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(staff) Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent / carer)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_