

APPENDIX 8b

SHERBURN HIGH
PASTORAL SUPPORT PROGRAMME (P.S.P.)

Name Form:

Date SEN Stage

Area(s) of Concern

.....

.....

.....

Previous exclusions

Date: Reason: Number of days

Agencies involved

.....

.....

.....

Targets

(Student) will

-
-
-

The school will

-
-
-

In order to help achieve these targets his/her parents/guardians will

-
-
-

External Agencies will

-
-

Rewards

-

Review date

Signed by: School

 Student

 Parent/Guardian

 LEA Representative