**Reintegration / Exclusions Review Meeting Record**

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| --- | --- |
| Name of Pupil |  |
| Date |  |
| Time |  |
| Attendees |  |
| Reason for meeting |  |
| Summary of incident |  |
| Impact on the incident on pupil and others |  |
| Positives about the pupil to build upon |  |
| Multi agency/3rd party involvement now or proposed, and why? |  |
| Any SEN or additional needs applicable to the meeting? |  |
| Outline any adjustments that have been made to the process |  |
| What needs to change? |  |
| What will pupil need to do? |  |
| What will school need to do? |  |
| What will parent need to do? |  |
| When will this be reviewed? |  |
| What changes are expected? |  |
| What happens if nothing changes or the situation does not improve? |  |

The record of this meeting was shared with:

Names persons