



# MAXIMISING LEARNING TEAM

## Alternative Provision 2013-2014



Name:	Tutor Group:	SEN Status:
Date:		
Reason for referral:		
Existing Provision:		
Duration/Days Out:		
Link Worker:		
Year Heads:		

Stage	Date Completed	Staff Initials	Comments
<b>Parent Contact</b> (Telephone/In-school Meeting)			
<b>Student Interview</b> (Student interests/possible placements discussed)			
<b>Pre-Visit</b> (with staff member from MLT)			
<b>Contract</b> (Parent Meeting in school with Student)			
<b>First Day</b> (Visit made by MLT member or a phone call is made)			
<b>Review</b> (Link Worker puts place a review programme)			



## MAXIMISING LEARNING TEAM

### Alternative Provision 2016-2017—Contract

Name:

Tutor Group:

Alternative Provision Placement:

Contact Person:

Days of Duration:

Following a referral by the school the above student has agreed to attend the above provision on the given days. Below is a list of the school's expectations.

- ❑ **Non-attendance at the provision will link to overall school attendance and if this falls below the trigger level of 85% the Attendance Manager will be informed. Continued non-attendance may lead to a legal prosecution.**
- ❑ **Behaviour and expectations are clearly outlined by the provider and must be adhered to. Failure to do so will lead to fixed-term exclusions both from the provision and the school.**
- ❑ **parents/guardians must inform the college if the student does not attend due to illness.**
- ❑ **With regards to time spent in school it is vital that the college's expectations are followed, failure to do so will lead to the usual sanctions and possible exclusion from the provision**

Remember the provision is there to support your learning; our aim is to give you the best chances to succeed and believe this provision can give this chance to you.

Student:

Name:

Parent/Guardian:

Name:

School:

Name:

Date:

Forename:

Surname:

Date of Birth:

Home Address:

Next of Kin:

Mobile:

Home:



**ALTERNATIVE PROVISION –**

***Student Background / History:***

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***Behaviour:***

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***Progress:***

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- I would be most grateful if you could keep me informed of (STUDENT NAME) progress on a monthly basis and report her attendance on a daily basis by 10:30hrs either by email to [jmeasom@bosworthacademy.org.uk](mailto:jmeasom@bosworthacademy.org.uk) or telephone to 01455 822841 Ext 301.

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***Visit Students Provision:***

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Date: .....

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Date: .....

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Date: .....

***Visit Comments:***

**Students Targets:**

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Date:.....

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Date:.....

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Date:.....

**Remarks:****Assistant Year Head: Year 11**

Mrs Jo Measom

Email: [jmeasom@bosworthacademy.org.uk](mailto:jmeasom@bosworthacademy.org.uk)

Telephone: 01455 822841 Ext: 208

**Head of Year:**

Gillian Quincey

Email: [Gillianq1@bosworthacademy.org.uk](mailto:Gillianq1@bosworthacademy.org.uk)

Telephone: 01455 822841 Ext: 304

**Academy Details:**

Bosworth Academy  
Leicester Lane  
Desford  
Leicester  
LE9 9JL

**Remarks:**