



**Newton British Academy  
Barwa City**

**Secondary Pastoral Support Plan Policy**

**Policy Date:** May 2024 – June 2027  
**Reviewed:** June 2025

**“An international community of learners striving for  
excellence and celebrating success”**

- Students who require additional support regarding their behaviour or well-being at school will be put on a Pastoral Support Plan. The KSCO will organise a meeting with the parents of the child to discuss the concerns and strategies on how to support and improve.

## PASTORAL SUPPORT PLAN – INITIAL SUMMARY SHEET

To be completed by the teacher(s).

<b>Student's name</b>		<b>Age</b>	
<b>KS Coordinator</b>		<b>Class/year</b>	
<b>Start date of plan</b>		<b>Attendance:</b>	
<b>Review date of plan</b>			
<b>SEN:</b>  <b>N/A</b>			
<b>Student's strengths and interests:</b>  <div style="margin-left: 20px;">1.</div>			
<b>Primary concerns:</b>  <div style="margin-left: 20px;">1.</div>			
<b>Possible reasons for concerns:</b>  <div style="margin-left: 20px;">1.</div>			

**Indicate documents that will be used to provide evidence of the concern (attach them to this document):**

**1.**

**Signature of teacher**

**Signature of SMT member**

## PASTORAL SUPPORT PLAN - STAFF QUESTIONNAIRE

Three to be completed by: **1. The key Stage Coordinator 2. One Specialist Teacher 3. One Teacher in the Arabic Department**

Student's name		Age	
Teacher		Class/year	
Subject			
Things this student does well:			
What specific behaviours shown by this student regularly cause concern?			

**What changes would you like to see the student making?**

**Rate this student's behaviour:**

Strategies you may have use that have work:		Further comments:	
Signature of teacher			
Signature of SMT member			

## PASTORAL SUPPORT PLAN - PARENT QUESTIONNAIRE

To be completed by parent/s.

Student's name		Age	
Parent's name/s		Class/year	
What do you think are your child's best qualities?			

**What sorts of things worry you about your child? When did you first notice difficulties with your child's behaviour?**

**How is your child behaving at home?**

**What do you think we can do to help your child at school?**

**Is there anything else you think we should know about?**

**Relation to child:**

**Date:**

**Signature:**



Dear .....

As you know, we are worried that..... has been experiencing some difficulties at school. We want to do everything we can to help ..... to ensure ..... is given an opportunity to succeed at school.

We would like to invite you to attend a meeting on ..... at ..... .

This meeting will be an opportunity for us all to discuss possible solutions and strategies that may help. If you wish to add additional information, please do so on the questionnaire provided. Please do not hesitate to contact me should the appointment provided be inconvenient. Many thanks for your continuing support.

Regards,

.....

To be completed by the student and coordinator.



Student's name			Age	
Class/year				
	<p><b>Please help us by saying how YOU feel you are getting on in school.</b></p> <p>(Teacher to ask about activity and ask pupil to place tick. Teacher to write comments and answers to questions)</p>			
Activity			Comment	
English Reading				
English Writing				
Mathematics				
Science				
Topic				
PE				
ICT				
Music				
Arabic				
Islamic Studies/Citizenship				
French				
P4C				
Break time				
Working with others				

Working by yourself					
Working with a teacher					
	What do you enjoy about school?				
	What upsets you at school?				
	How do you feel when you get upset?				
	What would make school a better, nicer place?				
	Two things I would like to achieve:				
	1.				
	2.				
	Help I might need for the future:				

	<b>Teacher comments:</b>
--	--------------------------

## INITIAL PARENT MEETING – TARGET SETTING

To be completed by the coordinator.

<b>Student's name</b>		<b>Age</b>	
<b>Class teacher</b>		<b>Class/year</b>	
<b>Review date</b>		<b>Date</b>	
<b>Attendance:</b>			
<b>General Meeting Notes:</b>  <div style="margin-left: 20px;">1.</div>			
<b>Main Points Arising:</b>  <div style="margin-left: 20px;">1.</div>			

<b>Agreed Targets for student (add these to the support plan and indicate target action/strategy):</b> 1.		
Signature of parent/s		
Signature of teacher		
Signature of SMT member		

## INITIAL MEETING – THE SUPPORT PLAN

To be completed by the teacher.

Student's name		Age	
Class teacher		Class/year	
Review date		Date	
Target 1:	Strategy/Action:  1.		
Target 2:	Strategy/Action:		

Target 3:		Strategy/Action: 1.	
Signature of student			
Signature of parent/s			
Signature of teacher			
Signature of SMT member			

## REVIEW MEETING \_\_\_\_\_

To be completed by the teacher(s).

<b>Student's name</b>		<b>Age</b>	
<b>Class teacher</b>		<b>Class/year</b>	
<b>Next Review</b>	<b>Date</b>		
<b>Attendance:</b>			
<b>Summary of progress:</b>			
<b>Feedback from parents:</b>			
<b>MMI offered suggestions for A- Levels and BTECH courses available in the country.</b>			
<b>Indicate targets meet:</b>		<b>Indicate possible new targets:</b>	
<b>Signature of student</b>			
<b>Signature of parent/s</b>			
<b>Signature of teacher</b>			

<b>Signature of SMT member</b>	
--------------------------------	--

## FINAL REVIEW MEETING

To be completed by the teacher(s).

<b>Student's name</b>		<b>Age</b>	
<b>Class teacher</b>		<b>Class/year</b>	
<b>PSP start date</b>		<b>Date</b>	
<b>Number of reviews with parents:</b>			
<b>Reasons for the ending of the PSP:</b>			
<b>Indicate progress made/targets meet:</b>		<b>What actions/strategies worked?</b>	
<b>Meeting notes:</b>		<b>Parents feedback:</b>	

<b>Signature of student</b>			
<b>Signature of parent/s</b>			
<b>Signature of teacher</b>			
<b>Signature of SMT member</b>			