



Newton British Academy Barwa City Campus

Secondary Pastoral Support Programme Proformas

Policy Date: June 2021-June 2024

Policy Revision Date: June 2022

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

PASTORAL SUPPORT PLAN – INITIAL SUMMARY SHEET

To be completed by the teacher(s).

Student's name		Age	
Key Stage Coordinator		Class/year	11
Start date of plan		Attendance:	
Review date of plan			
SEN:			
N/A			
Student's strengths and interests:			
1.			
Primary concerns:			
1.			
Possible reasons for concerns:			
1.			

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:

Please rate his/her behaviour this term	Very good						Very poor
	5	4	3	2	1		0
Please rate the behaviour of the class	Very good						Very poor
	5	4	3	2	1		0

PLEASE RATE STUDENT'S BEHAVIOUR

Positive to teacher	5	4	3	2	1	0	Negative to teacher
On task	5	4	3	2	1	0	Off task
Self-contained	5	4	3	2	1	0	Attention seeking
Appropriate behaviour	5	4	3	2	1	0	Inappropriate behaviour
Positive to peers	5	4	3	2	1	0	Negative to peers
In place	5	4	3	2	1	0	Out of place
Appropriately equipped	5	4	3	2	1	0	Inappropriately equipped
Work up to date	5	4	3	2	1	0	Work behind deadlines
Ability to follow instructions	5	4	3	2	1	0	Ignores instructions
Putting up hand	5	4	3	2	1	0	Calling out
Answering appropriately	5	4	3	2	1	0	Answering back
Homework always done	5	4	3	2	1	0	No homework
Calm when others behave badly	5	4	3	2	1	0	Reacts badly to behaviour of others

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	
<p>What do you think are your child's best qualities?</p>			

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,

.....

PASTORAL SUPPORT PLAN - STUDENT QUESTIONNAIRE

To be completed by the student and coordinator.

Student's name				Age	
Class/year					
Please help us by saying how YOU feel you are getting on in school. (Teacher to ask about activity and ask pupil to place tick. Teacher to write comments and answers to questions)					
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:				

	Teacher comments:
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INITIAL PARENT MEETING – TARGET SETTING

To be completed by the coordinator.

Student's name		Age	
Class teacher		Class/year	
Review date		Date	

Attendance:

General Meeting Notes:

1.

Main Points Arising:

1.

Agreed Targets for student (add these to the support plan and indicate target action/strategy):		
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).

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

Signature of SMT member	
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FINAL REVIEW MEETING

To be completed by the teacher(s).

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

Signature of student	
Signature of parent/s	
Signature of teacher	
Signature of SMT member	