**Phased Return Support Plan**

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| **Learner Name:** |  |
| **Date of Birth:** |  |
| **SEN Status:** |  |

Others involved in supporting the phased return to school

|  |  |
| --- | --- |
| **Name** | **Role** |
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**Timeline of Phased Return**

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| **Week Commencing** | **Planned Attendance** | **Review of Weeks Attendance** |
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This plan will be reviewed via telephone/email/parental conversation on a weekly basis.

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| **Date for Formal Review of this Plan** |  |

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| **Signatures of Agreement with this Plan** | | | |
| School Setting: |  | Parent: |  |
| Learner: |  | Others: |  |