



Student Reintegration Contract/ Action Plan

Child's Name	DOB	Parent's Name(s)	DOB	Telephone Numbers

Home Address	Email

School	Year	Other siblings	Other agencies involved

Gender	Ethnic origin	Child's first language	Parent's first language	Religion

EHCP/SEN Statement/SEN details

Date of Contract	Length of Contract
Date of Review	Responsible Lead:

Why is a reintegration contract / action plan being considered?

Attendance:	Target:	Actual:
Week 1		
Week 2		
Week 3		
Week 4		
Week 5		
Week 6		

Contract Agreement Details:

1			
2			
3			
4			
Agreed by:	Name	Signature	Date
Student			
Parent(s)			
School			
EWO			
Agency			
Agency			

Please send a copy of this contract to: education.welfare@eastriding.gov.uk