

Section 3: Anticipated Benefits for your Child (To be completed by Family Support Worker in conjunction with family)

- Please outline how this time off will support your child’s needs, as outlined in their EHCP
- Based on your knowledge of the child and family, do you feel this time away would be beneficial?
- How might this time away support the child’s SEMH or sensory needs?
- Are there any risks or challenges to be aware of (e.g. transition back into school)?

Section 4: Attendance and Progress Review (To be completed by SLT)

- Current attendance percentage:
- Any recent concerns about engagement, progress, or attendance?
- Will this absence significantly disrupt learning or support plans?
- Final decision:
 - Approved
 - Not Approved
 - Approved with conditions (please specify below)

Please return this form at least 2 weeks prior to the requested dates, where possible.