

**Half-Termly Alternative Provision**

**Progress Report**

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| --- | --- |
| **Student Name**  |  |
| **Date of Birth** |  |
| **School Year** |  |
| **Provision Name** |  |
| **Contact Details** |  |
| **Case Officer Name** |  |

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| --- | --- |
| **Type of Service Commissioned** |  |
| **Tuition/AP Start Date** |  |
| **Tuition/AP End Date** |   |
| **Tuition/AP Duration** |  |
| **Designated Key Worker at AP** |  |
| **Attendance Rate** |  |
| **Any Safeguarding Concerns?** |  |

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| **Child/Young Persons View** |  |
| **Link target** **(EHCP outcome if applicable)** | **Topic/Activity** | **Progress made towards outcome and next steps** |
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| **Any other comments?** |  |

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| **Completed By** |  |
| **Date** |  |

**Version Control – Updated July 2024**