**EBSA Support Plan**

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| CYP Name: | Setting: | Key adult(s): |
| DoB: | School year: | Date plan initiated: |

**Push away from school/pull towards home (risk)**

Delete and add text

**Push away from home/pull towards school (resilience)**

Delete and add text

**Agreed actions (what, when, who)**

Delete and add text

**Reasonable adjustments:**Delete and add text



**Summary of CYP NAME’s views**

Delete and add text

**Summary of parent views**

Delete and add text

**Strengths, interests, exceptions**

Delete and add text

**EBSA Support Plan**

**Early warning signs:**

**Avoidance behaviours:**

**Attendance concerns:**

**Other relevant information:**

*(e.g., medical/health, services involved, family factors)*

**EBSA Support Plan - Review**

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| --- | --- | --- | --- |
| **Review date** | **What's working** | **Difficulties** | **Next steps** |
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**EBSA Support Plan - Review**

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| **Review date** | **What's working** | **Difficulties** | **Next steps** |
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