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| --- | --- | --- | --- |
| **Student name:** |  | | |
| **Student no:** |  | | |
| **Lead Contact:** |  | | |
| **STAGE OF SUPPORT THROUGH STUDIES PROCEDURE** | (E.G. Stage One / Stage Two /Stage 3) | | |
| **Action plan issued by:** |  | | |
| **Date Action plan discussed with student and agreed:** |  | **Action plan issue date:** |  |
| **DETAILS OF ACTION PLAN:** | | | |
| *[Examples of the kind of actions that might be agreed and documented in this Action Plan are provided below. Please delete as necessary/feel free to use as prompts.]*  **Attendance**  **Engagement**  **Communication**  **Academic Support meetings**  **Pastoral Support**  **Time Management**  **Maintenance of your own health and wellbeing**  **Agreed strategy for long-term maintenance of above aims** | | | |
| **Action plan period:** | **(E.G. From: DATE & DAY )**  **To: DATE & DAY )** | | |
| **Next steps if the actions of the plan are not met:** | (e.g. Escalate to Stage 2/Stage 3; additional support meeting; further final action plan) | | |
| **Result of Action Plan** (to be signed off at the end of the Action Plan period**:** | (e.g. Action plan completed successfully; no further action  required; renewal of action plan period to [DATE]; further action plan required; escalate to Stage 2 / Stage 3; de-escalate to Stage 1/ Stage 2 etc) | | |
| **Signature of Lead Contact** |  | | |