**Monitoring visits for pupils in off-site alternative provision**

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| **Name of pupil:** | **Provider** (name and address)**:** |
| **Rationale for pupil attending this off-site provider:**  (including how you know that this placement is in the best interests of the pupil) | |
| **Registration status of provider** (Please circle)**:**  Registered  Unregistered | **Date of Quality Assurance visit to provider:** |
| **Part-time or full-time** (Please circle):  Number of hours per day:\_\_\_  Number of hours per week :\_\_\_ | **Date written assurance provided about appropriate checks having been made on all staff:** |
| **Courses being taken, including qualifications/accreditation:** | |
| **Any key information about the pupil:**  EHCP  Safeguarding issues  Additional health conditions  Other | |

**Record of regular and sufficiently frequent visits to pupil:**

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| **Visit date:** | **Notes:** (please include voice of the learner, safety and progress) | **Current attendance:** |
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