



Dormston School Alternative Provision Review

Date & Time of review:

Date of last review (if appropriate):

Pupil name:

Venue/AP Provider:

Adults Present:

School Representative:

AP Representative:

Parent/Carer:

Other Adults present:

Specific issues requiring discussion:

Review of progress to date/since last meeting:

Satisfactory/unsatisfactory?

Date of next meeting:

Meeting closed:

Signed: