

**Appendix 4**

**Children Missing from Education – Audit Trail**

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| **Name of School:**  |
| **Name of child:** | **DOB:****Yr. Grp:**  |
| **Parent(s) Name(s):** |
| **Name(s) of sibling(s):** |
| **Last known address:** |
| **Telephone numbers:** |
| **Email address:** |
| **Date of last day in school:** | **EHC plan: Yes / No**  |
| **Agencies involved:** | **Looked after child: Yes / No** |
| **Actions taken to locate child - dates and responses.****Date and outcome of home visits:** **Date and outcome of telephone calls:****Date and outcome of emails:** |
| **Please add, or attach, any additional information** |
| **Name ………………………………………………………………………………………….****Job title…………………………………………………….Date…………………………….** |

Updated: 28/2/23

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