



# Cardinal Pole Catholic School

Cardinal Pole Catholic School  
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[www.cardinalpole.co.uk](http://www.cardinalpole.co.uk)

Headteacher: Ms J Heffernan  
Follow us on Twitter @CardinalPoleRC

10<sup>th</sup> October 2018

Dear Name of Parent/Carer

## **PROFESSIONAL MENTORING SUPPORT – The Future is MINE Programme**

I would like to take this opportunity to introduce myself; my name is Mr Brown and I am a Restorative Mentor within the school's Pastoral Support network at Cardinal Pole Catholic School.

[Pupil name] has been referred to me by their Head of Year and identified as a student that might possibly benefit from some additional support such as Restorative Mentoring. Throughout the mentoring support, [Pupil name] will be provided with the opportunity to explore some of the issues that may be affecting their learning and achievable targets will be set and monitored.

The purpose of mentoring is to provide support, to encourage and to enable pupils to identify any barriers they might have that prevent learning. I envision [Pupil name] being able to work successfully towards overcoming some of their challenges, realising their true potential and working to the best of their ability as well as enjoying and contributing fully as a member of the Cardinal Pole Catholic School Community.

**Please note that the mentoring sessions will take place after school on Mondays from 2.40pm-3.30pm.**

If you have any queries regarding the Restorative Mentoring Support, please do not hesitate to contact me on the above number, as parental contributions are as always welcomed.

Please discuss the above with Pupil name and complete the slip below for acknowledgement and consent and return it to me.

Yours sincerely,

*Mr C Brown*

**Restorative Mentor**

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### **REPLY SLIP: PROFESSIONAL MENTORING PROGRAMME – PLEASE RETURN TO MR BROWN**

I acknowledge receipt of this letter and understand the added support being put in place for my child

Name: \_\_\_\_\_ Form: \_\_\_\_\_

I do/do not agree to my child's participation in the Mentoring programme after school on Mondays from 2.40-3.30pm (Please delete)

Name of Parent/Carer: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

