# Part time and Reduced Timetable Referral Form

# Appendix 1: Risk assessment

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| --- | --- | --- |
| **Identification of risk** | **Brief description** | **Rag rating** |
| **Is the risk potential or actual?** |  |  |
| **What are you worried about?** |  |  |
| **What has been considered and is in place to reduce any risk?** | For example * Proactive interventions to reduce or prevent risk (brief description here)
* Adult hover support in classroom
* Praise and acknowledgement of positive behaviour
* Behaviour management plan Safe place and trusted personnel, etc
* Early interventions to manage risk Identify exactly what an adult will immediately do if the risk is observed
* Interventions to respond to adverse outcomes
* Any incidents to be logged, dated and signed according to incident or safeguarding protocol
 |  |
| **What needs to happen?** | Reviewing of the individual plan alongside pupils needs |  |

# Appendix 2: Checklist

To ensure that the reduced timetable arrangements do not inadvertently result in an unlawful exclusion, please ensure you answer Yes to the following.

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| --- | --- | --- |
| **Is the rationale for a part-time timetable in the pupil’s best interest with clear objectives?** | **Yes** | **No** |
| **Is there a start date and an end date of no more than six weeks?** | [ ]  | ☐ |
| **Have parents or carers given their written consent?** | ☐ | ☐ |
| **If there is safeguarding or early help involvement, has a core group meeting been held and has the lead professional or social worker given written agreement?** | ☐ | ☐ |
| **Where the pupil has an education, health and care plan (EHCP) has the special educational needs coordinator agreed to the plan?** | ☐ | ☐ |
| **If pupil is a looked after child, has a Virtual School representative and the schools designated teacher for looked after children given written agreement?** | ☐ | ☐ |
| **Is there a completed risk assessment saved on the school pupil record?** | ☐ | ☐ |
| **Has sufficient and appropriate differentiated work been set for those hours the pupil is not in school?** | ☐ | ☐ |
| **Have arrangements been made to ensure work is being marked, assessed and feedback is given to the pupil?** | ☐ | ☐ |
| **Have arrangements been made to mark the register with code ‘C’ when the child is not receiving supervised education?** | ☐ | ☐ |
| **Has consideration been made to consider the family circumstances to permit the arrangements of the timetable plan being endorsed?** | ☐ | ☐ |
| **Have all parties given consent to the implementation of the agreed timetable arrangements?** | ☐ | ☐ |
| **Has the DSL or head teacher agreed to the use of a reduced timetable and will be responsible for ensuring the six week review will be timely?** | ☐ | ☐ |

# Appendix 3: Part-time timetable consent form

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| **Pupil name** |  |
| **School**  |  |
| **Pupil DOB** |  | **Year Group** |  |
| **SEN Status of the pupil:** |
| **☐ SEN Support** | **☐EHCP** | **☐None** |
| **Is the pupil a looked after child:**  | **☐ Yes ☐ No** |
| **If yes, which local authority** |  |
| **Is the child subject to a Child Protection Plan:**  | **☐ Yes ☐ No** |
| **Has the pupil had a part-time timetable before?**  | **☐ Yes ☐ No** |
| **If yes when?** |  |

|  |  |
| --- | --- |
| **Has there been a team around the child meeting?**  | **☐ Yes ☐ No** |
| **Date:**  |
| **Team around the child meeting attendance details** |
| **Name** | **Relationship to the pupil** | **Organisation or family** |
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| --- | --- |
| **Name of parents or carers:** |  |
| **Name of lead person in school:** |  |
| **Name of social worker (if applicable):** |  |
| **Name of SEN caseworker (if applicable):** |  |
| **Name of Virtual School rep (if applicable):** |  |
| **Name of education welfare officer:** |  |

**Reason for part-time timetable**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reintegration after fixed term****exclusion** | **☐** | **To help a pupil manage school based anxiety** | **☐** |
| **Reintegration after prolonged absence** | **☐** | **As part of a medical plan** | **☐** |
| **Reintegration after period of school****refusal** | **☐** | **Other** | **☐** |

**Brief details of interventions tried and why this pupil requires a part-time timetable**

|  |
| --- |
| **Interventions in last six months including dates:** |
|  |

|  |  |
| --- | --- |
| **Date of meeting agreeing the part-time timetable:** |  |
| **Start date of part-time timetable:** |  |
| **Number of hours in education each week:** |  |
| **Review date of part-time timetable:** |  |
| **End date of part-time timetable:** |  |

|  |
| --- |
| **Timetable schedule** |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |
| **Objectives of the part-time timetable and interventions to support:** |
|  |
| **Any other comments relating to this part-time timetable:** |
|  |
| **Does the timetable plan demonstrate the increase of time in school each week? Y/N** |
|  |

# I understand my child has been placed on a part-time timetable for a limited period of time.

I have discussed the matter fully with the school and agree, during the period of the
part-time timetable, to:

* take responsibility for my child during the hours when not attending school
* ensure there is supervision of school work during those hours
* ensure there is a flow of work between school and home for marking and guidance
* take responsibility for the health and safety on my child when they are not in school

|  |  |
| --- | --- |
| **Parent or carer signature**  |  |
| **Date** |  |

**During the period of the part-time timetable the school will:**

* ensure a risk assessment is completed with regards to potential safeguarding, welfare, offending or harmful behaviour
* ensure a ‘c’ code is used on the attendance record when the pupil is not in school
* monitor the effectiveness of the reduced timetable
* hold a review on the agreed date
* provide work for the student to do whilst at home and mark all work completed

|  |  |
| --- | --- |
| **Date actioned**  |  |
| **Agreed with parent/carer on** |  |

|  |  |
| --- | --- |
| **Head teacher/DSL signature**  |  |
| **Date** |  |

**Other signatures (if required):**

|  |  |
| --- | --- |
| **SEN Caseworker**  |  |
| **Date** |  |

|  |  |
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| **Social Worker**  |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Virtual School Rep**  |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Education Welfare Officer**  |  |
| **Date** |  |

**This form should be retained with the pupil’s school records**

**Email completed form to: reducedtimetablenotification@achievingforchildren.org.uk**