**Checklist:**

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

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Is the rationale for a reduced timetable in the pupil’s best interest with clear objectives? |  |  |
| Is there a start date and an end date of no more than 6 weeks? |  |  |
| Have parents/carers given their written consent? |  |  |
| If pupil has an education, health and care (EHC) plan has the Special Educational Needs and Disability Act manager given written agreement? |  |  |
| If pupil is a Looked After Child, has a Virtual School representative and the Schools Designated Teacher for Looked After Children given written agreement? |  |  |
| If there are safeguarding/Early Support concerns, has a core group meeting been held and has the Lead Professional/ Social Worker given written agreement? |  |  |
| Is there a completed Risk Assessment saved on the School Pupil Record? |  |  |
| Has sufficient and appropriately differentiated work been set for those hours the pupil is not in school?  |  |  |
| Have arrangements been made to ensure that the work is marked, assessed and constructive 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? |  |  |

**REDUCED TIMETABLE CONSENT FORM RT1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Pupil Name:** |  | **UPN:** |  | **School Name:** |  |
| **Date of Birth:** |  | **Year Group:** |  | **Gender:** |  |
| Is the pupil ‘looked after’ by a Local Authority? (Please state which LA): |  |
| Does the child have an Education, Health & Care Plan? |  |
| Is the child subject to a Child Protection/Child in Need Plan? |  |
| Has the pupil had a part-time timetable before? (Please include dates) |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Start Date:** |  |  |  | **End Date:** |  |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Total number of hours in school** | **Total number of hours of education provided outside of school** |
| **Week 1 Time In** **Time Out** |  |  |  |  |  |  |  |
| **Week 2 Time In** **Time Out** |  |  |  |  |  |  |  |
| **Week 3 Time In** **Time Out** |  |  |  |  |  |  |  |
| **Week 4 Time In** **Time Out** |  |  |  |  |  |  |  |
| **Week 5 Time In** **Time Out** |  |  |  |  |  |  |  |
| **Week 6 Time In** **Time Out** |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Rational behind reduced education for this pupil:** | **Type of education being provided outside of school during school hours** |
| Choose an item. | Choose an item. |
| **Objectives of reduced education for this pupil** |
|  |
| **Any other comments relating to this reduced timetable** |
|  |

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

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 part-time timetable
* Hold a review on the agreed date
* Provide work for the student to do whilst at home and mark all work completed

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Comments | Signature | Date |
| Parents/Carers |  |  |  |  |
| Social Worker(if subject to CPP) |  |  |  |  |
| SEND Manager(if Statement/EHCP in place) |  |  |  |  |
| Virtual School Representative(if LAC) |  |  |  |  |
| Designated Teacher in School for LAC |  |  |  |  |
| Head Teacher |  |  |  |  |
| Attendance Officer |  |  |  |  |

This information will be held by the Local Authority for a maximum of three academic years after the end of compulsory school age. The Education Safeguarding Team will not share this information with other agencies, (unless there is a safeguarding concern).

**Once completed, before commencing a reduced timetable, this form must be forwarded to Education Safeguarding Service via AnyComms (using “Attendance and Pupil Support”) and then retained with the pupils’ school record.**

**Appendix: (Please adapt as appropriate)**

SPECIMEN PROFORMA FOR ASSESSING AND MANAGING FORESEEABLE RISKS FOR CHILDREN

Name of child: ……………………………………………………..

Class group: …………………………………………….

Name of teacher: …………………………………………….

School: …………………………………………….

|  |
| --- |
| IDENTIFICATION OF RISK |
| Describe the foreseeable risk. |  |
| Is the risk potential or actual? |  |
| List who is affected by the risk. |  |

|  |
| --- |
| ASSESSMENT OF RISK |
| In which situation does the risk usually occur? |  |
| How likely it is that the risk will arise? |  |
| If the risk arises who is likely to be injured or hurt? |  |
| What kinds of injuries or harm are likely to occur? |  |
| How serious are the adverse outcomes? |  |

Assessment completed by:

…………………………………………………..

Signature:…………………………………… Date:………………….

|  |
| --- |
| **RISK REDUCTION OPTIONS** |
| **Measures** | **Possible options** | **Benefits** | **Drawbacks** |
| Proactive interventions to prevent risk |  |  |  |
| Early interventions to manage risk |  |  |  |
| Reactive interventions to respond to adverse outcomes |  |  |  |

|  |
| --- |
| **AGREED BEHAVIOUR MANAGEMENT PLAN & SCHOOL RISK MANAGEMENT STRATEGY** |
| **Focus of measures** | **Measures to be employed** | **Level of risk** |
| Proactive interventions to prevent risks |  |  |
| Early interventions to manage risks |  |  |
| Reactive interventions to respond to adverse outcomes |  |  |

Agreed by: ………………………………………..

Relationship to child: …………………………….

Date: ……………………………………………...

|  |
| --- |
| **COMMUNICATION OF BEHAVIOUR MANAGEMENT PLAN AND SCHOOL RISK MANAGEMENT STRATEGY** |
| **Plans and strategies shared with:** | **Communication method** | **Date actioned** |
|  |  |  |

|  |
| --- |
| **STAFF TRAINING ISSUES** |
| **Identified training needs** | **Training provided to meet needs** | **Date training completed** |
|  |  |  |
|  |
| **EVALUATION OF BEHAVIOUR MANAGEMENT PLAN AND SCHOOL RISK MANAGEMENT STRATEGY** |
| **Measure set out** | **Effectiveness in supporting the child** | **Impact on risk** |
| Proactive interventions to prevent risks |  |  |
| Early interventions to manage risks |  |  |
| Reactive interventions to respond to adverse outcomes |  |  |
| **ACTIONS FOR THE FUTURE** |

Plans and strategies evaluated by: ……………………………………

Relationship to child: …………………………………………………….

Date: ………………………….