**Reduced timetable proforma**

**Prior to implementation, schools should undertake a risk assessment of the pupil’s needs to assess the impact that a reduced timetable would have on the pupil. It is essential that the pupil’s welfare during any absence from school is considered.**

**A copy of the Southampton City Council Protocol and good practice guidance for schools on the use of reduced timetables can be found on the Young Southampton website.**

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| --- | --- | --- | --- |
| **Pupil Name** | Click here to enter text. | **Year Group** | Choose an item. |
| **School** | Choose an item. | **DOB** | Click here to enter a date. |
| **SEN status \*** | Choose an item. | **CLA? \*** | Choose an item. |
| **Date TAF held** | Click here to enter a date. | **Date of meeting with parents** | Click here to enter a date. |

\* If pupil has a statement, EHCP or is CLA this form must be countersigned by the SCC SEN Team or Virtual School

|  |  |  |  |
| --- | --- | --- | --- |
| **Plan under which reduced timetable is proposed e.g. UHA, PEP, PSP, IBP, IEP, IHP** | Click here to enter text. | **Plan to be attached. If not please state why.** | Click here to enter text. |
| **Reduced timetable start date** | Click here to enter a date. | **Reason for reduced timetable** | Click here to enter text. |
| **Have all known professionals been consulted?**  | Choose an item. |

**Please state teaching time per session each day, where the provision will take place and what it will be. Do not include lunchtime hours.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Am start time** | **Am end time** | **Pm start time** | **Pm end time** | **Where will provision be delivered** | **What will be delivered** |
| **Monday** | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Click here to enter text. | Click here to enter text. |
| **Tuesday** | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Click here to enter text. | Click here to enter text. |
| **Wednesday** | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Click here to enter text. | Click here to enter text. |
| **Thursday** | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Click here to enter text. | Click here to enter text. |
| **Friday** | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Click here to enter text. | Click here to enter text. |
| **Total number of supervised teaching hours per week**  | Click here to enter text. |

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| **PLAN FOR INCREASING THE IN-SCHOOL HOURS OFFERED**  |
| **Objective \*** | **Who** | **By when** |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |

\* **The plan should have clear and measurable objectives.**

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| **Date of first 2 weekly review** | Click here to enter a date. | **Final review date at 6 weeks** | Click here to enter a date. |
| **Date of 4 weekly review** | Click here to enter a date. | **Date pupil will return to full-time provision** | Click here to enter a date. |

**Privacy Notice:**

* The school is collecting information about your child and the following lawful bases apply:
* Processing is necessary for compliance with a legal obligation.
* Processing is necessary for the performance of a task carried out in the public interest or for the exercise of official authority.
* A copy of our Privacy Notice, which explains how we handle personal data, can be found on the school website or requested directly from the school.
* The school may also share information to prevent, investigate, or prosecute criminal offences, or as the law otherwise allows; however, we will not share personal information unless provided for by law.
* The information provided will be held on file and may also be stored electronically.

**Parental agreement:**

* I understand that my child will be placed on a reduced timetable between the dates specified above and I will attend review meetings and engage with any services provided to support my child.
* I am willing and able to take full responsibility for my child when he\she is not in school during school hours.
* I understand that in agreeing to this arrangement a copy of this form will be provided to the Education Welfare Service and to any SCC professionals working with my child, along with any supporting plans.

***Signed*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Parent*

***Signed*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 *SCC Virtual School if CLA*

***Signed*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 *SCC SEND Officer if child has an EHCP*

**School contact details:**

|  |  |  |
| --- | --- | --- |
| **Name of person responsible for the intervention** | **Designation** | **Contact tel. & e-mail address** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Headteacher signature** |  |