Schools should complete this paperwork in the **exceptional circumstances** that a **temporary** part-time timetable is considered necessary to meet a pupil’s individual needs and in the child’s best interest. Please confirm you have read Norfolk County Council’s guidance on the use of part-time timetables before starting this process.

**I have read Norfolk County Council’s** [**guidance**](https://www.schools.norfolk.gov.uk/29630) **on the use of part-time timetables:**

**All fields must be completed.**

|  |  |  |
| --- | --- | --- |
| **REASONS FOR THE PLAN: See** [**guidance**](https://www.schools.norfolk.gov.uk/29630)**.** |  | **Please provide a full rationale for the use of a part-time timetable including any medical advice. This must include an assessment of why the child cannot currently access a full-time education and why it would not be in their best interest to do so:**  (Include information about what strategies have been employed as well as barriers to accessing a full-time education) |
| **Physical Health** |  |  |
| **Mental Health** |  |  |
| **Emerging needs and SEND** |  |  |
| **Reintegration or transition (following extended period away from school)** |  |  |

**A meeting must be arranged with parent/carer and relevant professionals involved with the child.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Meeting:** |  | **Name of pupil:** |  |
| **Name of School:** |  | | |
| **Name and role of person recommending its use:** | Who has suggested the use of a reduction in hours (i.e.GP EP EHCP co-ordinator) | | |
| **DOB:** |  | **Year Group:** |  |
| **UPN:** |  | **Ethnicity:** |  |
| **Open to Social Care:** | Choose an item. | **LAC:** |  |

**Please name below all parents/carer and professionals involved with the child. Please see** [**guidance**](https://www.schools.norfolk.gov.uk/29630)**.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **Role & Organisation:** | **Attended meeting?** | **Unable to attend. Have they been informed of the part-time timetable? What were their views?** |
|  |  |  |  |
|  |  |  |  |

**Add additional rows as required.**

**SEND Status**

|  |  |  |  |
| --- | --- | --- | --- |
| **No SEND** |  | **School Support (includes INDES funding)** |  |
| **EHCP applied for** |  | **EHCP assessment agreed** |  |
| **EHCP in place** |  | **EHCP in place awaiting specialist provision** |  |

**These sections must be fully completed.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Start date of timetable:** | Click or tap to enter a date. | **Date to return to fulltime either at school or alternative provision** | Click or tap to enter a date. |

|  |
| --- |
| **What is the child’s view?** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Risk Assessment (please refer to the** [**guidance**](https://www.schools.norfolk.gov.uk/29630) **for further information)** | | | | |
| **Activity**  *List the significant hazards you have identified* | **Who might be harmed?**  *The child, Staff, other pupils, family members* | **Risk control measures**  *Brief description of what you are already doing to reduce risk* | **Additional action needed to further reduce risk.**  *Detail any further controls necessary* | **Outcome risk rating and score.**  *e.g. Acceptable, Adequate, Significant, Unacceptable* |
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| **Other key issues discussed: (Please ensure you record any other issues/key points not captured above)** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **What changes are going to be put into place to ensure a successful return to fulltime attendance? Please refer to** [**guidance**](https://www.schools.norfolk.gov.uk/29630) **for what actions should be considered.** | | | |
| **Actions to be taken:** | **By When:** | **Person responsible:** | **How will we know it is working?** |
|  |  |  |  |
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Proposed timetable leading to **fulltime** attendance.

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| --- | --- | --- | --- | --- | --- | --- |
| **Week** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Time in Education (hours)** |
| **Example** | **0900 - 1100** | **0900 - 1130** | **0900 - 1230** | **0900 - 1300** | **0900-1400** | **17 hours** |
| **1** *DD/MM/YYYY* |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** | **Full Time** | | | | | |

|  |
| --- |
| The undersigned confirm that this is an accurate record of the discussions and outcomes agreed within the meeting. By signing this form, the school is confirming that the use of a part-time timetable for a limited period has been judged appropriate, review arrangements have been agreed and any safeguarding issues have been fully taken into consideration.  During the period of the part-time timetable the school will:   * Ensure arrangements are in place to safeguard and promote the well-being of the child. * Monitor the effectiveness of the part-time timetable. * Hold a review on the agreed date. |

|  |  |  |  |
| --- | --- | --- | --- |
| **School Representative and other Professionals** | | | |
| **Role:** |  | **Role:** |  |
| **Date:** |  | **Date:** |  |
| **Signature:** |  | **Signature:** |  |
| **Role:** |  | **Role:** |  |
| **Date:** |  | **Date:** |  |
| **Signature:** |  | **Signature:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parents/carer**  **A part-time timetable can only proceed with parents’ signed consent to the plan and cannot be enforced by a school or insisted upon.** | | | |
| **Parent/Carer Name:** |  | **Parent/Carer Name:** |  |
| **Date:** |  | **Date:** |  |
| **Signature:** |  | **Signature:** |  |
| **Child – this section is voluntary for the child to complete.** | | | |
| **Child Name:** |  | **Date:** |  |
| **Signature:** |  | | |