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| **Notification of a Modified Timetable – FORM MT1** | | | |
| Pupil Name |  | Year Group: |  |
| School Name |  | DOB |  |
| UPN |  | Child in Care | Yes / No |
| Date of Early Help Assessment |  | Child Protection | Yes / No |
| SEN Status  (N/A,SA,SA+, EHCP) |  | Child in Need | Yes / No |

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| **Reason** | **Details** |
| As part of an in school support package identified as part of a Pastoral Support Plan; Team around the family (TAF) or other multi-agency meeting (maximum of ***six weeks*** from start date. Plan to be attached to this notification. |  |
| As part of an individual Healthcare or Medical Plan; (attach evidence from relevant health professional – for more information see *Department for Education Statutory Guidance* - <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3> . Plan to be attached to this notification. |  |
| As part of a Reintegration or Transition Plan related to exclusion, non-attendance or school refusal; (no longer than ***six weeks***). Plan to be attached to this notification. |  |

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| **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** |  |  |  |  |  |  |
| **TUESDAY** |  |  |  |  |  |  |
| **WEDNESDAY** |  |  |  |  |  |  |
| **THURSDAY** |  |  |  |  |  |  |
| **FRIDAY** |  |  |  |  |  |  |
| **TOTAL NUMBER OF SUPERVISED TEACHING HOURS PER WEEK** | | | | | |  |
| **Planned start date of reduced timetable** | | | | | |  |
| Planned review date  (within two weeks of the start date) | | | | | |  |
| Planned end date when the pupil will return to full-time provision  (within six weeks of start) | | | | | |  |

**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 modified 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 Safeguarding Service at Bradford Council and to any professional working with my child, along with any supporting plans.

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| Parent / Carer signature |  | Date: |
| Parent / Carer signature |  | Date: |
| Virtual School Representative  (If child is in care) |  | Date: |
| Bradford Council SEND Representative (If child has an EHCP) |  | Date: |
| Social Worker Signature  (If child is subject to Child Protection Plan) |  | Date: |

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| By submitting this form, the school is confirming that the use of a modified timetable for a limited period has been judged appropriate, review arrangements have been agreed and a risk assessment has been undertaken to ensure that all safeguarding issues have been fully taken into consideration. A copy of the formal agreement made with the parents/carer’s signature must be kept at school | | | |
| Name of person responsible for the intervention | Designation / Job Title | Contact Telephone and Email Address | |
|  |  |  | |
| Headteacher’s signature |  | | Date: |

Please scan a copy of this pro-forma and all plan(s) and send to Bradford Attendance Team via secure email with ‘name of school and part-time timetable’ in the subject line: [Attendance@bradford.gov.uk](mailto:Attendance@bradford.gov.uk)

It is important you retain the original signed copy of FORM MT1 for your records.

**Risk Assessment – Prior to start of Modified Timetable -** *The school must carry out a thorough risk assessment* ***before*** *implementation. This should be recorded.*

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| 1. **IDENTIFICATION OF RISK** *(Please use a separate sheet for each risk)* |

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| **Describe the risk posed:** | | | |
| **Has this been observed or reported?** |  | **Who is placed at risk?** |  |

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| 1. **ASSESSMENT OF RISK** | | | | 1. **RISK REDUCTION** | | | |
| **What time of the day is the risk likely to occur?** |  | | | **Proactive interventions to reduce/prevent risk**   * *including any staff training needs identified and/or skill teaching required for CYP* |  | | |
| **How likely is it that the risk will arise?**  *(please circle)* | Very likely | Likely | Unlikely |
| **If the risk arises what is the likely outcome** |  | | | **Early interventions to de-escalate/manage risk:**   * *Identify exactly what an adult will immediately do if the risk is observed.* * *Identify exactly what an adult will do if the risk is reported to them by a child* |  | | |
| **Describe known triggers** |  | | |
| **What is the external behaviour trying to achieve/solve?** |  | | | **Additional interventions to respond to situations that have escalated further**   * *The priority should be to ensure the safety of all concerned* |  | | |
| **In which situation does the risk usually occur?** |  | | |
| **Initial RAG rating** *(please tick)* | **Red**  *(Significant)* | **Amber**  *(Moderate)* | **Green**  *(Low)* | **Revised RAG rating**  *(please circle)* | **Red**  *(Significant)* | **Amber**  *(Moderate)* | **Green**  *(Low)* |
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