**Notification of a Temporary Reduced Timetable**

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| Pupil Name |  | NCY |  |
| School Name |  | DOB |  |
| SEN Status | E / K / N | Looked After Child | Yes / No |
| Date of Early Help Assessment | 01/01/18 | Child Protection | Yes / No |
| Risk Assessment Completion Date | 01/01/18 | Child in Need | Yes / No |

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| Plan under which the reduced timetable is monitored/reviewed (attach plan) | eg. PEP/PSP/IBP/IEP |
| Describe where education taking place | eg. School/off-site/alternative provider |
| Reason for temporary reduced timetable (please tick all that apply) |
| Medical Physical Health(supported by medical professionals) |  | Reintegration plan |  |
| Medical Mental Team(supported by medical professionals) |  | Emotional or social needs |  |
| Other (please describe below) |  |
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| Total hours per week in school or off-site supervised education activity | eg. 15 hours |
| Planned start date of reduced timetable | 01/01/18 |
| Planned review date(within two weeks of the start date) | 01/01/18 |
| Planned end date when the pupil will return to full-time provision (within six weeks of start) | 01/01/18 |

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| *A reduced timetable can only proceed with parents’ signed consent to the plan and cannot be enforced by a school or insisted upon under threat of exclusion* |
| Parent/carer must agreement to this plan (original must be signed |  | Date 01/01/18 |

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| By submitting 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. A copy of the formal agreement made with the parents/carer’s signature must be kept at school |
| Headteacher’s signature |  | Date 01/01/18 |

Please scan a copy of this pro-forma and the plan and send to us via secure email with ‘name of school and part-time timetable’ in the subject line to: Attendance@bradford.gov.uk

Please do not send originals. It is important you retain the original signed copy for your records.