**Temporary Reduced Timetable**

I understand that this information and record of work following a consultation will be stored electronically on the Cambridgeshire County Council system and may be used for audit and quality assurance processes.

I understand that in addition SEND Service 0-25 work with different professionals from within the Health service (e.g. health visitors, speech therapists, community paediatricians, GPs) and **may need to share or ask for information (with consent)** e.g. reports about the needs of my child and family.

The Local Authority has the power to share information about families where there are concerns about the well-being of children and young people.

For any further queries, questions or concerns relating to data protection and the Data Protection Act, please contact us at: Email:  data.protection@cambridgeshire.gov.uk Tel: 01223 699137

I understand that I have the right, at any time, to request access to all personal information held about me.  For further details about this, please see our web page <https://www.cambridgeshire.gov.uk/data-protection-and-foi/>

I understand that the local Authority will collect, store and share my personal information in a way that is compatible with General Data Protection Regulation.

I do/do not give permission **(delete as appropriate)** for involvement from SEND Service 0-25 Years to take place: **YES/NO\***

I do/do not (**delete as appropriate)** give permission for the report to be shared with health colleagues and those colleagues to be asked for relevant information if they are also involved in supporting my child: **YES/NO\***

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| Pupil name |  | Social Care/District Family Worker |  |
| School |  | CiC- Which Authority |  |
| DOB |  | Education Health Care Plan |  |
| Year Group |  | Case Work Officer |  |
| UPN |  | Previous periods of reduced timetable Dates/reason |  |

**Risk Assessment**

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| Identified Risk | Who will be harmed and how? | Evaluate the risks and decide on precaution | Regularly review your assessment and update if necessary |
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| How will the pupil’s welfare and safety be monitored and supervised when not in school?(please give details of anyvariables) |  |
| How will the school ensure continuity of education? |  |
| How will the school ensure the pupil is able to feel included and cared for, during this period? |  |
| How will the child’s social and emotional development be promoted during the reduced timetable? |  |

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| **Reason for reduced timetable** |
| Medical Physical Health(supported by medical professionals) |  | Reintegration Plan |  |
| Medical Mental Health(supported by medical professionals) |  | Emotional or social needs |  |
| Other (Please state and provide details) |  |
| **Objectives of Reduced Timetable** |
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| **Parent/carer views** |
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| **Pupil Views** |
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| **SEND 0-25 Views (If appropriate)** |
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| **Social worker/District Family Views (If appropriate)** |
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| **Case Work Officer Views (If appropriate)** |
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| **Health Professional Views (If appropriate)** |
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| **Any other relevant information** |
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| **Plan** |
| **Start Date** |  |  | **End Date** |  |  |
| **Week 1** | **Target** (*Time, place, people, activity, progress that has occurred, how will this be supported)****:***  |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Total hours in school | Total hours education provided outside school |
| Time in |  |  |  |  |  |  |  |
| Time out |  |  |  |  |  |
| Review 1 *(no later than 2 weeks after implementation)* | **Outcomes** | **Parent views** | **Pupil views** | **Schools views** |
|  |  |  |  |
| **Week 2**  | **Target** (*Time, place, people, activity, progress that has occurred, how will this be supported)****:***  |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Total hours in school | Total hours education provided outside school |
| Time in |  |  |  |  |  |  |  |
| Time out |  |  |  |  |  |
| Review 2  | **Outcomes** | **Parent views** | **Pupil views** | **Schools views** |
|  |  |  |  |
| **Week 3**  | **Target** (*Time, place, people, activity, progress that has occurred, how will this be supported)****:***   |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Total hours in school | Total hours education provided outside school |
| Time in |  |  |  |  |  |  |  |
| Time out |  |  |  |  |  |
| Review 3  | **Outcomes** | **Parent views** | **Pupil views** | **Schools views** |
|  |  |  |  |
| **Week 4**  | **Target** (*Time, place, people, activity, progress that has occurred, how will this be supported)****:***  |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Total hours in school | Total hours education provided outside school |
| Time in |  |  |  |  |  |  |  |
| Time out |  |  |  |  |  |
| Review 4 | **Outcomes** | **Parent views** | **Pupil views** | **Schools views** |
|  |  |  |  |
| **Week 5**  | **Target** (*Time, place, people, activity, progress that has occurred, how will this be supported)****:***  |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Total hours in school | Total hours education provided outside school |
| Time in |  |  |  |  |  |  |  |
| Time out |  |  |  |  |  |
| Review 5  | **Outcomes** | **Parent views** | **Pupil views** | **Schools views** |
|  |  |  |  |
| **Week 6**  | **Target** (*Time, place, people, activity, progress that has occurred, how will this be supported)****:***  |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Total hours in school | Total hours education provided outside school |
| Time in |  |  |  |  |  |  |  |
| Time out |  |  |  |  |  |
| Review 6 | **Outcomes** | **Parent views** | **Pupil views** | **Schools views** |
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**Checklist for the temporary reduced timetable**

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| To ensure that the reduced timetable arrangements do not inadvertently result in an illegal exclusion, please read the checklist below and ensure you answer **Yes**.  | **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*** with a ***review date no later than 2 weeks?***  |  |  |
| Have parents/carers given their written consent? |  |  |
| If pupil has an education, health and care (EHC) plan has the Statutory Assessment Team Case Work Officer given written agreement? |  |  |
| If pupil is a Child In Care, has a Virtual School representative and the School’s Designated Teacher for Looked After Children given written agreement? |  |  |
| If there are safeguarding/Early Support concerns, has a Team Around the Family meeting been held and has the Lead Professional given written agreement? |  |  |
| If the child is at Child In Need or Child Protection Level has the timetable been discussed at a Core Group Meeting and has the Social Worker given consent? |  |  |
| Is there a completed Individual Risk Management Plan 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? |  |  |

* A maximum of one further period of six weeks should only be agreed in exceptional circumstances with parental agreement and the plan revised to reflect why an extension was appropriate. The plans must be open to Local Authority inspection upon request.

I understand my child has been placed on a temporary reduced timetable for a limited period of time. I have discussed the matter fully with the school, and agree during the period of the temporary reduced 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, safety, and safeguarding of my child when they are not in school

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

During the period of the temporary reduced 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 temporary reduced timetable
* Hold a review on the agreed date
* Provide work for the student to do whilst at home and mark all work completed

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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 parent/carer’s signature must be kept at school.*  |
| Head teacher: | Head teacher’s signature: | Date |
| Local Authority Representative –Position within LA: | Local Authority Representative signature –Position within LA: | Date |