Appendix 1

Reduced timetable consent form and plan

Student name		Date of birth.	UPN	
Year group.				
Looked after child	yes/no	Staffordsh	nire / out of County	
Name of virtual school wo	rker			
Child protection plan	yes/no	name of social worker		
Child in need plan	yes/no	name of social worker		
EHCP in place	yes/no	name of SEN SEND Keyv	vorker Early	
Help Assessment completed yes/no date completed				
Details regarding above information. (Including other agencies involved with child and				
Name of lead person in school		Co	ntact No. Name	
of parents/carers		Contact No.		
Reason for reduced / alternative timetable				
Start date of reduced time	table			
Number of education hour	s per wee	k in school		
Number of education hour	s per wee	k in alternative education pro	ovision	
Name of alternative education provis		sion	Contact No.	
Review date of reduced tir	netable			
Planned end date of reduc	ed timeta	ble		

family)

Please attach a copy of reduced/alternative timetable to this document

Please note. The information provided by this form is intended to enable schools which find it necessary to utilise a reduced/alternative timetable to demonstrate greater transparency and accountability. The information provided will be monitored by the local authority on a half-termly basis and will be used to support schools to more effectively discharge their responsibility to ensure that all children are able to access suitable, full-time education. The information collected will also be used to support both schools and the local authority to more effectively discharge their respective safeguarding responsibilities.

CONSENT

I understand my child______ has been placed on a reduced timetable for a limited period of time.

I have discussed this matter fully with the school and agree, during the period of the timetable to:

- take full responsibility for my child during the hours when they are not attending school or an alternative education provision arranged by the school
- ensure that I inform the school of any difficulties with keeping to this reduced timetable
- inform the school immediately if my child cannot attend any of the timetable
- work with other professionals involved to ensure our child has the best chance of returning to school full time

Parent/carer signature

During the period of the reduced timetable the school will:

- ensure that when the child is in school or in alternative education provision they are fully supported
- hold a review on the agreed date
- inform the parents immediately if the school is unable to continue with the reduced timetable
- work with other professionals involved to ensure the child has the best chance of returning to school full time

School signature

date

date

Other actions agreed	Responsible person

SEND Keyworker	date
Social worker	date
Virtual school worker	date
	date

Once completed this form should be kept with the pupil's school record.

A copy of this document must be given to the child, parent and any other agencies involved.