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

|  |  |
| --- | --- |
| Plan under which reduced the timetable is monitored/reviewed (attach plan) eg PEP/PSP/IBP/IEP |  |
| Reason for temporary reduced timetable (please indicate all that apply, ✓ or x) |
| Medical Physical Health(supported by medical professionals) |  | Reintegration plan ie following a fixed term exclusion or prolonged absence or after a period of school refusal. |  |
| Medical Mental Health(supported by medical professionals) |  | To help a pupil manage school-based anxiety. |  |
| Other (please describe below) |  |  |  |
|  |

|  |  |
| --- | --- |
| Total hours per week in school or off-site supervised education activity, eg 15 hours |  |
| Planned start date of reduced timetable |  |
| Planned review date(**within 2 weeks of the start date**) |  |
| Planned end date when the pupil will return to full-time provision (**within 6 weeks of start**) |  |

|  |
| --- |
| ***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 agreement to this plan *(Original must be signed)* |  | Date  |

|  |
| --- |
| 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’s signature** |  | Date  |

Please email a signed copy of this pro forma, the plan and email, with ‘name of school and part time timetable’ in the subject line, to: fapassessmentgateway@warwickshire.gov.uk