**Reduced Timetable**

This form should be used when a school has raised challenges/difficulties in supporting a pupil with SEND (with an EHCP) and that it has been agreed in partnership with the LA and parent/carer that a reduced timetable is appropriate in the interim.

The use of a reduced timetable should be used in the best interests of the pupil and whilst longer term solutions and specialist support are secured with the aim of gradually increasing education back to a full-time offer. The interim reduced timetable should be reviewed on a 6-weekly basis. Where progress to increase education offer is not successful a review of the EHCP should be progressed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Meeting:** |  | **Name of pupil** |  |
| **Name of School:** |  |
| **Name and role of person recommending its use:** | Who has suggested the use of a reduction in hours (i.e.GP EP EHCP co-ordinator) |
| **DOB:** |  | **Year Group:** |  |
| **Open to Social Care:** |  | **LAC:** |  |
| **Plan number**  |  |

|  |
| --- |
| **What changes are going to be put into place to ensure a successful return to fulltime attendance** |
| **Actions to be taken:**  | **By When:** | **Person responsible:**  | **How will we know it is working?** |
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Proposed timetable leading to **fulltime** attendance.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Week** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Time in Education (hours)** |
| **Example** | **0900 - 1100** | **0900 - 1130** | **0900 - 1230** | **0900 - 1300** | **0900-1400** | **17 hours** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6 (REVIEW week)** |  |  |  |  |  |  |
| **7** | **Full Time** |

**SECTION F of Plan that WILL still be delivered during the part time education offer:**

|  |  |  |
| --- | --- | --- |
| **Type of support/provision.****What is the educational provision required?** | **Timescales/frequency****How often will this happen and for how long?** | **Who will provide this support?** |
|  |  |  |
|  |  |  |
|  |  |  |

**SECTION F of the plan that WILL NOT be delivered due to the reduction of time in education:**

|  |  |  |
| --- | --- | --- |
| **Type of support/provision.****What is the educational provision required?** | **Timescales/frequency****How often will this happen and for how long?** | **Who will provide this support?** |
|  |  |  |
|  |  |  |
|  |  |  |

**Plan agreed by:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Designation**  | **Signature** | **Date** |
|  | Pupil (where appropriate) |  |  |
|  | Parent/Carer |  |  |
|  | School (SENCO/Head) |  |  |
|  | SEND Team representative  |  |  |

**Review of reduced timetable:**

|  |  |
| --- | --- |
| **Date:** |  |
| **Review of support strategies used to overcome barriers:** | **What has worked?****Would be better if:**  |
| **Next steps:** | Return to full time: Yes/No | New plan started: Yes/No | Annual review needed: Yes/No |

**Plan reviewed by:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Designation**  | **Signature** | **Date** |
|  | Pupil (where appropriate) |  |  |
|  | Parent/Carer |  |  |
|  | School (SENCO/Head) |  |  |
|  | SEND Team representative  |  |  |