

**Part Time Timetable - Request Form (PTCF1)**

All pupils of compulsory school age are entitled to a full-time education. In very exceptional circumstances there may be a need for a temporary part-time timetable to meet a pupil’s individual needs. Any part-time timetable must be time limited and the decision to implement it must have the agreement of the pupil’s parents. Pupils on part-time timetables should be recorded using register code C (authorised absence) for the sessions they are not in school.

**All part time timetable requests must be accompanied by a reintegration plan that clearly shows an ambition for a return to full time at the end of the process. For further information please refer to the Torbay Reduced Timetable Guidance.**

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| **Pupil Name** |  | **Date of Birth:** |  | **School Year:** |  |
| **UPN:** |  | **Gender:** |  | **Ethnicity:** |  |
| **School:** |  | **Current Attendance:** |  | | |
| **Siblings (Please include any siblings in other schools if known)** |  | | | | |
| **Free School Meals?** | **YES** ☐ **NO** ☐ | | | | |
| **Free School Meals ever 6?** | **YES** ☐ **NO** ☐ | | | | |
| **PPM?** | **YES** ☐ **NO** ☐ | | | | |

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| **PLEASE COMPLETE THE SECTIONS IN FULL** | |
| **Which of the following apply?** | **SEN support (K)**   **EHCP**  **RSA in** ☐ **None**  *Please provide details:* |
| **Is the pupil Care experienced by Torbay, or any other Local Authority?** | **YES, currently in care**  **Previously in care**  **Never**  *Please provide details:* |
| **Is there an allocated Social Worker?** | **YES**  **NO**  *If YES, please provide details of the nature of the involvement and social worker name.*  **Child Protection Plan** ☐ **Child in Need Plan** ☐ |
| **Has an Early Help Assessment been completed?** | **YES** ☐ **NO** ☐ If no, please state why? |
| **Has this been on a Part-Time timetable before?** | **YES** ☐ **NO** ☐ |
| **Reason for the Part Time Timetable -** Please note, reduced timetables must not be used to manage behaviour. | |

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| **PROPOSED WEEK 1 TIMETABLE** | Monday | Tuesday | Wednesday | Thursday | Friday |
| **Time in education (please clearly specify the number of hours):**  **AM**  (Please do not include break/lunch time) |  |  |  |  |  |
| **Time in education (please clearly specify the number of hours):**  **PM**  (Please do not include break/lunch time) |  |  |  |  |  |
| **Start Date** | |  | | | |
| **Review Date** | |  | | | |
| **End Date (MUST NOT EXCEED 6 WEEKS)** | |  | | | |
| **Reintegration Planning – this should evidence an increase per week until reintegration.**   |  |  |  | | --- | --- | --- | |  | AM Hours (please detail start/finish time) | PM Hours (please detail start/finish time) | | Week 2 |  |  | | Week 3 |  |  | | Week 4 |  |  | | Week 5 |  |  | | Week 6 |  |  | | | | | | |
| **What will change for the child/young person as a result of the part-time timetable:** | | | | | |
| **Any other comments relating to this Part-Time Timetable:** | | | | | |

I understand my child has been placed on a part-time timetable for a limited period of time. I have discussed the matter fully with the school and agree, during the period of the part-time timetable to:

* Take full responsibility for my child during the hours when not attending school.
* Ensure there is supervision of schoolwork during those hours.
* Ensure there is a flow of work between school and home for marking and guidance.
* Take full responsibility for the health and safety on my child when they are not in school.

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| **Parent/carer signature:** | **Date:** |

During the period of the part-time timetable the school will:

* Monitor the effectiveness of the part-time timetable.
* Hold a review on the agreed date.
* Provide work the child to do whilst at home and mark all work complete.

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| **School signature:** | **Date:** |

**Other signatures, if required**

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| **Social Worker (if applicable):** |  |
| **SEN caseworker (if applicable):** |  |
| **Virtual School rep (if applicable):** |  |
| **Attendance Improvement Officer:** |  |

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| **LEAD SCHOOL CONTACT:** |  |
| **FORM SUBMITTED BY:** |  |
| **DATE:** |  |
| **PREFERED METHOD OF CONTACT DETAILS:** |  |

*Please submit completed forms to:*

[PTT@torbay.gov.uk](mailto:PTT@torbay.gov.uk)