**Reduced Timetable Contract**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Childs’s name | | |  | | | | |
| School | | |  | | | | |
| Date Plan Started | | |  | | | | |
| Key Staff | | |  | | | | |
| Year Group | | |  | | | | |
| **FSM** Y/N | **BME** Y/N | **EAL** Y/N | | SEN Need: |  |  |  |

All pupils of compulsory school age are entitled to a full time education. Sheffield City Council remains committed to every child’s right to a full time education and endorses the requirement that a reduced timetable **cannot be implemented without the agreement of the parent/carer.** By signing this contract the parent/carers and school are indicating they are agreeing to atemporary reduced timetable to meet their child’s individual need with the arrangements’ for this detailed below:

**Temporary key barriers to \_\_\_\_\_\_\_\_\_\_\_\_ having a full time timetable in school:**

|  |  |
| --- | --- |
| Barriers to full time Attendance (e.g. medical condition/young carer/travel) | Barriers to Engagement (e.g behaviour, social, emotional or mental health needs) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Has a reduced timetable checklist been completed? Yes/ No**

**Is an updated Myplan attached to this contract? Yes/ No**

**Proposed timetable:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | AM | PM | Additional Information |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |

|  |  |
| --- | --- |
| **Arrangements to mark work set by school** |  |
| **Arrangements to supervise the child whilst not in school** |  |
| **Additional assessment arrangements/Involvement of a relevant agency** |  |

**This timetable will be reviewed every 2 weeks, with the aim to increase \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ timetable to full time (25 hours) provision.**

**A return to a full timetable will achieved by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The next 3 reviews of this timetable will be on:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Review Date | Changes to the timetable (+/-) | Additional Information |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **ORIGINAL PLAN-AGREEMENT** | Signature | Date |
| Parent/carer |  |  |
| Parent/carer |  |  |
| Staff |  |  |
| MAST |  |  |
| CYT/YJS |  |  |
| Social Care |  |  |

|  |  |  |
| --- | --- | --- |
| **REVIEW 1- week 2** | Signature | Date |
| Parent/carer |  |  |
| Parent/carer |  |  |
| Staff |  |  |
| MAST |  |  |
| CYT/YJS |  |  |
| Social Care |  |  |

|  |  |  |
| --- | --- | --- |
| **REVIEW 2- week 4** | Signature | Date |
| Parent/carer |  |  |
| Parent/carer |  |  |
| Staff |  |  |
| MAST |  |  |
| CYT/YJS |  |  |
| Social Care |  |  |

|  |  |  |
| --- | --- | --- |
| **REVIEW 3- week 6** | Signature | Date |
| Parent/carer |  |  |
| Parent/carer |  |  |
| Staff |  |  |
| MAST |  |  |
| CYT/YJS |  |  |
| Social Care |  |  |