Part-time Timetable Form - Prior to starting the form please ensure that:

You have the agreement of the child's

- Parents/carers
- Social Worker (where applicable) EHCP Caseworker (where applicable)

You know the child's:

- SEN status (N, K, EHCNA, EHCP)
- Social care involvement
- Date of birth
- UPN

You have completed/prepared the following:

- A Risk Assessment
- The Headteacher's Checklist
- A copy of the planned part-time timetable

What happens with the form?

- The school will automatically receive a copy of the completed form.
- A copy of the form will also be emailed to ptt@warrington.gov.uk where the Attendance Complex Case Officer and the Virtual School Inclusion Officer will review and share with appropriate colleagues.
- Data will also be analysed and used to provide intelligence to school leaders and to inform the Local Authority Strategy.

QUESTIONS:

1. Please confirm the following: *

	Yes	Not applicable
(a) A risk assessment has been completed, particularly in regard to the safeguarding aspects		
(b) The Headteacher's checklist has been completed		
(c) The parent /carer of the pupil has been consulted and has agreed		
(d) The child's social worker has been consulted and has agreed (where applicable)		
(e) The child's EHCP Caseworker has been consulted and has agreed (where applicable)		

2. Please upload the Risk Assessment and Teachers Checklist. (select 'choose file')

Allowed file types: jpeg, pdf, gif, png, xlsx, txt, pptx. Max upload size per file: 25MB Max number of files: 2

Comments:

3. Please complete the	ollowing: *				
Child's Forename:					
Child's Surname: *					
4. Child's UPN: (must be	13 characters long). W	/rite in the sp	ace below.	*	
5. Year Group. Select or	e option. * Reception -	– Year 11			
6. Date of Birth: * DD/MM/YYYY					
7. Gender. Select one op	otion. *				
Male					
Female					
Transgender					
Non-Binary					
Don't know					
Prefer to use their o	own term, specify here:				
8. Ethnicity. Select one	option. *				
🗌 White					
Asian or Asian Britis	sh				
Mixed or multiple e	thnic groups				
Black, Black British,	Caribbean, or African				
Other ethnic group					
Don't know					
9. Does the pupil have a	n Education, Health an Yes	d Care Plan (EHCP)? Sel	ect one option.	*
	No				
If the shild has an FUCD			lington		
If the child has an EHCP	you must contact their		inator		
10. Please complete the	following by selecting	one option i	n each row	*	Not
		Yes	No	Don't know	applicable
The pupil is K coded - (SI	EN) support				
The pupil is currently un needs assessment?	dergoing an EHC				
The pupil receives Pupil					

The pupil receives Pupil Premium Pupil premium: overview - GOV.UK (www.gov.uk)

If the child is undergoing an EHC Needs Assessment, you must contact the Plan Writer.

11. Please complete the following by sele	cting one op	tion in e	ach row. *	
	Yes	No	Don't know	N/A
(a) Child in care				
If the child is in care, contact the child's Vi your school's VSEO directly and the child's			rrington's Child	lren in Care contact
(b) Child protection plan				
(c) Child in need				
<i>If the answer is Yes to either (b) or (c) you before proceeding.</i>	must contac	t the chi	ild's social work	ker to get agreement
(d) Open to Early Help				
(e) Has an Early Help Assessment been completed?				
If the answer is No to (e) Marrington Borg	uah Council	stronaly	ı recommends t	hat one is completed

If the answer is No to (e) Warrington Borough Council strongly recommends that one is completed now. The Early Help webpage is Early help | warrington.gov.uk

12. Only answer this question if you have selected Yes to either a), b), c) or d) above.

Does the child have an allocated Social Worker? Select one option.

No (skip the next question)

13. If yes, which Local Authority is this with? Select one option.

List of Northwest Local Authorities including 'Other'

Name of Social Worker and email address. Write in the space below.

14. Are there any safeguarding risks / concerns with a particular focus on the pupil being at home more? Select one option. *

) No

If yes to the question above, please let us know what these safeguarding risks / concerns are. Write in the space below.

15.	School	type.	Select	one	option.	*
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Secondary School

Special School

16. Name of school. Select from the drop-down list. *

List of Warrington Schools, including 'Other'

17. Please complete the following: *

School contact name:	
School contact hame.	*
School contact email address:	*
Agencies currently involved:	
Agencies currently involved.	

18. Reason for part time timetable. Select all that apply. *

- Medical physical health
- Medical mental health
- Attendance
- Education concern
- Other (please specify):

19. Who is the person responsible when [pupils name] is off site? (Based on the current situation) Provide a full name in the space below. *

20. Please complete the following: *

What is the planned <u>start date</u> of the part-time timetable? * What is the planned <u>end date</u> of the part-time timetable?(*must be later than Start date above*) *

DD/MM/YYYY

21. How many school weeks is it from the start date to the end date? Select one option.

NB [Name of Pupil] not be on a reduced timetable for more than 6 weeks unless this has been reviewed by the LA's Attendance Complex Case Officer or Virtual School Inclusion Officer and deemed an exception.

1 – 6 weeks

Com	ments:
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22. The LA's expectation is that part-time timetables should be informally reviewed with parents/carers weekly with a formal review shortly before the planned end date to consider return to full time provision.

Please include an interim date and the final review date below. This will help us to follow up with Schools about the status of the timetable.

Select dates from the calendar. *

DD/MM/YYYY
Date for the <u>interim</u> review *
Date for the <u>final</u> review *

23. If possible, upload the planned part-time timetable. Select the 'choose file' button below.Allowed file types: jpeg, pdf, gif, png, xlsx, txt, pptx.Max upload size per file: 25MBMax number of files: 1 / Comments