**FORM B- Reduced timetable review form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name:** |  | **DOB:** |  |
| **School Roll/ Alternative Provider Name:** |  | **Year Group:** |  |
| **Date reduced timetable commenced:** |  | **This review date:** |  |

|  |
| --- |
| **What has been the impact of the reduced timetable for this student?****Is this evidenced in Multi Agency reviews? YES/NO Date of last review:****What are next steps for this student?*** **Return to full time education**
* **Continue with one further period of a reduced timetable (outline rationale for this decision below, in line with Nottinghamshire County Council guidance, and state date of next 4 weekly review)**

**What are the steps to full time education and the date a return is planned? Attach completed action plan** |

|  |
| --- |
| **Student views:** |

|  |
| --- |
| **Parent/ Carer views:** |

**Additional advice sought from supporting professionals since the last review (e.g. ICDS, EPS, PSED, SFSS, Early Help services, Children’s Social Care, Health, Fair Access):**

|  |  |  |
| --- | --- | --- |
| **Name/ Agency** | **Contact details** | **Advice sought (including date)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Planned Provision- where will the student be learning, with whom and what work will be sent home. Include hours of provision and sessions with no planned supervised education (i.e. when a pupil is at home doing school work):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **am** | **Lunchtime** | **pm** | **Total hours** |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday**  |  |  |  |  |
| **Friday** |  |  |  |  |
|  |  |  | **Weekly Total** |  |

**Agreed objectives of the reduced timetable:**

|  |
| --- |
|  |

**Attach original action plan, update and add to this as necessary**

|  |  |
| --- | --- |
| **Named senior member of staff in school:** | **Contact details:** |
| **Date:** | **Signed:** |

|  |  |
| --- | --- |
| **Parent/ Carer name:** | **Contact details:** |
| **In agreeing to a reduced timetable I understand that my child’s attendance will be marked as an authorised absence for the sessions it is agreed that he/she/they will not be required in school. During these sessions I confirm that I will be responsible for his/her/their safety and wellbeing.** |
| **Date:** | **Signed:** |