**Part-Time Timetable Proforma**

This cannot be agreed without the proforma and plan being agreed and signed by parent *- though this does not give it legal basis.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Part-Time Timetable Proforma** | | | |
| **Pupil Name:** |  | **Year:** |  |
| **School:** |  | **DOB:** |  |
| **SEN Status:** |  | **LAC:** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of the mtg where proposals for part-time timetable were discussed:** | | | | | | | | |
| **Plan attached:**  **YES / NO** | | **If No - please advise reason** | | | | | | |
| **Start Date of Part-time Timetable** | | | |  | | | | |
| **Reason for Part-time Timetable**   * *Delete/highlight as applicable* | | | | **1.** Part of in school support package  **2.** Medical Reasons (this has been agreed in line with medical professionals)  **3.** Reintegration | | | | |
| **Attendance Coding - Please mark as C the times pupil is not expected to be in school** | | | | | | | | |
| **Weekly Timetable - No of Teaching Hours Allocated**  *(Week 1 for schools operating a 2-week timetable)* | | | | | | | | |
| ***Please state number of hours/minutes teaching time per morning/afternoon session per day*** |  | | **Monday** | | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **AM** | |  | |  |  |  |  |
| **PM** | |  | |  |  |  |  |
| **Weekly Timetable - No of Teaching Hours Allocated**  *(Week 2 for schools operating a 2-week timetable or where timetable changes)* | | | | | | | | |
| ***Please state number of hours/minutes teaching time per morning/afternoon session per day*** |  | | **Monday** | | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **AM** | |  | |  |  |  |  |
| **PM** | |  | |  |  |  |  |

|  |  |
| --- | --- |
| **Review Date of Part-time Timetable:** |  |
| **Date to return to Full Time:** |  |

|  |  |
| --- | --- |
| **Parental Agreement -** *I hereby agree to the part-time timetable as outlined in the attached plan and supporting proforma* | |
| **Parental Signature** |  |
| **School Contact** |  |
| **Young Persons views (if applicable)** |  |

**Please return a copy of this form to the allocated Attendance Support Officer via their direct email or :** [**attendancesupport@hillingdon.gov.uk**](mailto:attendancesupport@hillingdon.gov.uk)

**\*\* This form should be sent in each time the allocated teaching hours change as a result of a review \*\***