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| Telford%20%20Wrekin%20Council%20logo%2009%20Mono  **Modified Timetable Notification Form (September 2022)**  Schools should complete this form in the exceptional circumstances that a temporary reduced timetable is introduced to meet a pupil’s individual needs. Please ensure that you have read the Telford and Wrekin guidance and protocol on the use of MTT’s before starting the process.  Please note that **all** sections on this form must be completed for any pupil on a modified timetable. **Incomplete forms will be returned to the school.**  The LA should be notified of the MTT as soon as a plan has been agreed. Once completed it should be returned immediately to [accessandinclusion@telford.gov.uk](mailto:accessandinclusion@telford.gov.uk). A copy should also be given to the parent and to any other signatory of the document i.e. social worker, SEND officer or member of Virtual School Team. It is important that the original signed copy is retained by the school for their records. | | | |
| **NAME OF SCHOOL** |  | | |
| **PUPIL’S FIRST NAME(S)** |  | | |
| **PUPIL’S SURNAME** |  | | |
| **DATE OF BIRTH** |  | **YEAR GROUP** |  |
| **GENDER** |  | **ETHNICITY** |  |
| **PPG/FSM** | **YES/NO** | **ATTENDANCE** | % (mandatory) |
| **HOME ADDRESS** |  | | |
| **NAME OF PARENT (S) WHO IS/ARE ACCEPTING RESPONSIBILTY FOR THE PUPIL WHILST ON A MTT** |  | | |
| **NAME OF SLT WITH RESPONSIBILITY FOR MTTs who should sign off the MTT** | Also include contact details- (e-mail address/phone number) should any clarification be needed | | |
| **NAME OF STAFF MEMBER COMPLETING THE MTT NOTIFICATION FORM (if different than above)** |  | | |
| **IS THE PUPIL A CHILD IN CARE?**  **SPECIFY IF THE CHILD IS IN CARE TO T&W OR ANOTHER LA** | **YES/NO**  **T&W YES/NO**  **OTHER** | Schools should exercise additional care and caution when considering reducing the timetable of vulnerable pupils. A modified timetable is rarely appropriate for Children in Care. Please confirm the name of the person within the Virtual School who has given agreement.  Name of the LA: | |
| **IS THE PUPIL ON A CP PLAN?** | **YES/NO** | A modified timetable is not usually appropriate for children with a CP plan. Please confirm the name of the Social Worker, and, the date of the conference/core group when it was agreed that this was an appropriate step or when it is intended to be held | |
| **IS THE PUPIL ON A CIN PLAN?** | **YES/NO** | A modified timetable is unlikely to be appropriate for children with a CIN plan. Please confirm the name of the Social Worker  and the date of the core group/conference where it was agreed that this was an appropriate step or when it is intended to be held. | |
| **ARE THERE OTHER PROFESSIONALS OR AGENCIES SUPPORTING THE PUPIL**  **e.g. CATE worker/YOT** | **YES/NO** | **Names of other professionals or agencies and date they were consulted** | |
| **IS THE PUPIL CURRENTLY OPEN TO STRENGTHENING FAMILIES?** | **YES/NO** | Name of Strengthening Families worker.  The date when the relevant worker was consulted. | |
| **N.B ‘Keeping Children Safe in Education’ September 22- Part 1**   * Safeguarding and promoting the welfare of children is **everyone’s** responsibility. **Everyone** who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all practitioners should make **sure their approach is child-centred**. This means that they should consider, at all times, what is in the **best interests of the child.** * **All** staff have responsibility to provide a safe environment in which children can learn. * Staff should **‘**understand **children can be at risk of harm inside and outside of our school/college, and inside and outside of the harm and online**. * All staff, but especially the DSL and deputies will consider whether children are at risk of abuse or exploitation in situations outside their families. **Extra-familiar harms take a variety of different forms and children can be vulnerable to multiple harms**.   Please also reference **‘Keeping children safe in education 2022’**  -remote education p36 points 138-139  -alternative provision p42 points 167-168  -children who need a social worker (Child in need and Child Protection plans) p43 points 170-173  -children requiring mental health support p44 points179-185  -Looked after children and previously looked after children p46 points 186-188  -Children with special educational needs or disabilities or health issues p48 points 198-201  **If the pupil meets any of these vulnerability factors then it is unlikely that it is appropriate for a MTT to be considered.**  **The child is safer in school.** | | | |
| SEND status | | | |
| **DOES THE PUPIL HAVE AN EHCP?** | **YES/NO** | **Has a request been made for an EHC assessment?** | **DATE OF REQUEST if applicable:** |
| **IF YES CONFIRM THAT THE SEND OFFICER IS AWARE OF THE DECISION** | **YES/NO** | **Date of annual review which has been held recently or is due to be held** |  |
| **IS THE PUPIL SEN SUPPORT (CODE K)?** | **YES/NO** | **Area of difficulty** | |
| **NAME OF THE SCHOOL SENDCo** |  | **NAME OF THE LA SEND OFFICER** |  |
| **HAS THE PUPIL BEEN ON A MTT BEFORE?** | **YES/NO** | **IF YES:**  WHEN:  FOR HOW LONG |  |
| **DATE OF MEETING WHERE THIS MTT WAS AGREED** |  | **THIS MTT START DATE** |  |
| **THIS MTT REVIEW DATE (which is agreed with parents at the initial meeting)** |  | **THIS MTT END DATE**  **(when pupil will resume full time education)** |  |

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| **Reason for Modified Timetable** (Please highlight) | | | | | (A) have **medical needs** other than mental health needs (including)are **pregnant** or are **young mothers** of compulsory school age | | | | | | | | (B) have **mental health needs** and access Child and Adolescent Mental Health Services (CAMHS) either as an in-patient or through services provided in the community | | | | | | (C) have **particular social and behavioural difficulties** and have personalised learning plans: this means that, by arrangement, they do not attend their usual school full time currently | | | | | |
| Modified timetable-teaching time per session per day **at school** e.g. 9am-11am | | | | | | | | | | | | | | | | | | | | | | | | |
| **Week beginning** | | **Monday** | | | | | **Tuesday** | | | | **Wednesday** | | | | | **Thursday** | | | | | **Friday** | | | **Total number of supervised teaching hours each week:** |
| **am** | | **pm** | | | **am** | | **pm** | | **am** | | | **pm** | | **am** | | **pm** | | | **am** | | **pm** |
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| Modified timetable-time per session, per day **attending alternative provision** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Week beginning** | **Monday** | | | | | **Tuesday** | | | | **Wednesday** | | | | | **Thursday** | | | | | **Friday** | | | | **Numbers of hours in total each week:** |
| **am** | | **pm** | | | **am** | | **pm** | | **am** | | **pm** | | | **am** | | **pm** | | | **am** | | **pm** | |
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| **NUMBER OF HOURS IN SCHOOL ON AVERAGE PER WEEK** | …..Hrs | **NUMBER OF HOURS IN**  **ALTERNATIVE PROVISION ON AVERAGE PER WEEK** | ……Hrs | **Total NUMBER OF HOURS ON MTT**  ……Hrs |
| Objectives to be achieved during the period of the Modified Timetable- what changes do we want to see? |  | | | |
| **Parent (s) views and expectations** |  | | | |
| **Child’s views and expectations** |  | | | |

**RISK ASSESSMENT OF THE IMPACT OF THE MODIFIED TIMETABLE**

**-ensure there is consideration of the pressure of the child being at home and the impact this may have on home life and the potential impact on sibling(s)**

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| **Summary of historical and current concerns** | | | | | |
| **Current agencies and professionals involved** | | | | | |
| **Agency/Professional** | | **Name** | | **Contact details** | |
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| **Identified risk to pupil and others** | | | | | |
| **What measures will be taken to mitigate against these risks by school/academy** | | | | | |
| **What measures will be taken to mitigate against these risks by parents** | | | | | |
| **Other key issues discussed: (Please ensure you record any other issues/key points not captured above)** | | | | | |
| **What needs to happen?** | | | | | |
| **Actions to be taken:** | **By when?** | | **Person responsible** | | **How will we know it is working? If actions fail what is the escalation pathway?** |
| 1. |  | |  | |  |
| 2. |  | |  | |  |
| 3. |  | |  | |  |
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| 5. |  | |  | |  |
| 6. |  | |  | |  |

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| **Summary checks** | | | |
| Has this document been reviewed by EWO? | YES/NO | Has this document been shared with external agencies? | YES/NO |
| Has this document been approved by DSL? | YES/NO | Is the Headteacher aware of all aspects of this MTT? | YES/NO |
| **Signed (Writer): Date:** | | **Signed DSL:**  **Date:** | |

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| **Signatures are required from appropriate linked agencies** | | | |
| **Role** | **Name Signed** | | **Date** |
| School Senior Leader responsible for MTT’s/Attendance |  |  |  |
| Parent/Guardian |  |  |  |
| SEND Officer |  |  |  |
| Social Worker |  |  |  |
| Virtual School |  |  |  |
| Other (Identify) |  |  |  |
| **Please ensure all agencies have a copy of the MTT when finalised with parents** | | | |

(Please attach scanned e-mail consent/signature for MTT from outside agencies if required)

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| **Review Contact 1** | | |
| Date:I | | Type of Contact:Phone/TEAMs/Face to face meeting/Other  Staff Lead: |
| Attendees: | |  |
| Details of conversation: | | |
| Actions for reintegration/Adjustment of MTT | | |
| 1 |  | |
| 2 |  | |
| 3 |  | |

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| **Review Contact 2** | | |
| Date:I | | Type of Contact:Phone/TEAMs/Face to face meeting/Other  Staff Lead: |
| Attendees: | |  |
| Details of conversation: | | |
| Actions for reintegration/Adjustment of MTT | | |
| 1 |  | |
| 2 |  | |
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| **Final Review Meeting** | | |
| Date:I | | Type of Contact:Phone/TEAMs/Face to face meeting/Other  Staff Lead: |
| Attendees: | |  |
| Details of conversation: | | |
| Actions for reintegration and plans for catch up with learning | | |
| 1 |  | |
| 2 |  | |
| 3 |  | |

**Modified Timetable Parent/School Contract**

I understand that due to my child’s medical condition/exceptional circumstances, they are being placed on a modified timetable for a **very** limited period of time.

I have discussed the matter fully with the school and agree, during the period of the modified timetable to:

* Take full responsibility for my child during the hours when not attending school
* Ensure there is supervision of school work 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 and supervision of my child when they are not in school

(Parent to tick the agreements above before signing)

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

* Monitor the effectiveness of the part-time timetable
* Ensure arrangements are in place to safeguard and promote the well-being of the child
* Hold a review on the agreed date
* Provide work for my child to do whilst at home and mark all work completed.

**Privacy Notice under the Data Protection Act 2018**

Telford & Wrekin Council are collecting Personal Identifiable Information to enable us to provide you with support through the Modified Timetable Contract. We need to collect this information in order to ensure that the most appropriate educational placement is identified and/or the most appropriate support is identified for your child. This information is being processed under DPA – Schedule 2 (2a) (GDPR 2018 -Article 6 (1) B). Telford & Wrekin Council will not share any Personal Identifiable Information collected with external organisations unless required to do so by law. However, this information with be shared within Telford & Wrekin Council and partners agencies (Department of Education, NHS, Schools, and Early Years providers) solely for the purpose of providing you with an educational place or educational support.   For further details on the council’s privacy arrangements please view the privacy page on the council’s [website page](http://www.telford.gov.uk/terms).

**Parent**

Parent’s name(s):.................................................................................................................................

Signed……………………………………............................. Date………....…………....……

**Senior Leader from the school who has responsibility for the implementation of MTT’s**

Print Name..........................................................................................................................................

Job Title...............................................................................................................................................

Signed…………......................………………………............ Date………………………….....

Once signed, one copy of this form should be retained by the parent and a copy should be sent to the Access and Inclusion Team at [accessandinclusion@telford.gov.uk](mailto:accessandinclusion@telford.gov.uk) .

The home may be subject to a visit from a representative from the School or the AST

I understand that

* Telford and Wrekin Council (T&WC) collect personal information on me/my family to enable T&WC to provide support services which will benefit me as an individual and/or my family.
* That my/my family’s personal information will only be shared internally between Council services to enable these services to be provided to me/my family.
* T&WC may also share my/my family’s personal information with government departments or other public bodies as required by relevant legislation.

For further information please visit [www.telford.gov.uk/terms](http://www.telford.gov.uk/terms)