Schools should complete this paperwork in the **exceptional circumstances** that a **temporary** part-time timetable has not led to the child’s full-time attendance. Please see the [guidance](https://www.schools.norfolk.gov.uk/article/29630/Part-time-timetables) before completing the extension.

**All sections must be completed.**

|  |  |
| --- | --- |
| **Name of School:** |  |
| **Date of Meeting:** |  | **Name of pupil:** |  |
| **DOB:** |  | **Year Group:** |  |
| **UPN:** |  | **Ethnicity:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Original start date of timetable** |  | **Start date of extension** |  | **Date to return to fulltime either at school or alternative provision** |  |

|  |
| --- |
| **Please provide full rationale for the requirement of the extension, including professionals' views and supporting evidence. This must include an updated assessment of why the child cannot currently access a full-time education and why it would not be in their best interest to do so:** |
|  |

**The following needs to be completed if the child is in receipt of an EHCP.**

|  |  |
| --- | --- |
| **What date was the EHCP coordinator informed of this plan?** | Click or tap to enter a date. |
| **Please document EHCP coordinator’s views** |  |

|  |
| --- |
| **What is the child’s view?**  |
|  |
| **Other key issues discussed:**  |
|  |

|  |
| --- |
| **What additional changes are going to be put into place to ensure a successful return to fulltime attendance? Please refer to the guidance for what actions should be considered. Add additional rows as required.** |
| **Actions to be taken:**  | **By When:** | **Person responsible:**  | **How will we know it is working?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Proposed timetable leading to **fulltime** attendance.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Week commencing** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Time in Education (hours)** |
| **Example:****02/09/24** | **0900 - 1100** | **0900 - 1130** | **0900 - 1230** | **0900 - 1300** | **0900-1400** | **17 hours** |
| **1**  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** | **Full Time** |

|  |
| --- |
| The undersigned confirm that this is an accurate record of the discussions and outcomes agreed within the meeting. By signing this form, the school is confirming that the use of a part-time timetable for a limited period has been judged appropriate, review arrangements have been agreed and any safeguarding issues have been fully taken into consideration.During the period of the part-time timetable the school will: * Ensure arrangements are in place to safeguard and promote the well-being of the child.
* Monitor the effectiveness of the part-time timetable.
* Hold a review on the agreed date.
 |

|  |
| --- |
| **School Representative and other Professionals** |
| **Name:** |  | **Name:** |  |
| **Role:** |  | **Role:** |  |
| **Date:** |  | **Date:** |  |
| **Signature:** |  | **Signature:** |  |
|  |
| **Name:** |  | **Name:** |  |
| **Role:** |  | **Role:** |  |
| **Date:** |  | **Date:** |  |
| **Signature:** |  | **Signature:** |  |

|  |
| --- |
| **Parents/carer**A part-time timetable can only proceed with parents’ signed consent to the plan and cannot be enforced by a school or insisted upon. |
| **Parent/Carer Name:** |  | **Parent/Carer Name:** |  |
| **Date:** |  | **Date:** |  |
| **Signature:** |  | **Signature:** |  |

|  |
| --- |
| **Child**this section is voluntary for the child to complete.  |
| **Child Name:** |  | **Date:** |  |
| **Signature:** |  |