Part-time timetable consent form

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| Pupil Details | Please complete |
| Pupil Name |  |
| UPN |  |
| Ethnicity |  |
| DOB |  |
| Looked After Child? If yes, state which LA | Yes/No (LA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| EHCP | Yes/No (SEND) Caseworker\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| CFP / CSC Involvement | Yes/No (CFP/CSC) Caseworker\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| Subject to Child Protection Plan | Yes/No |
| MKC Attendance Officer Involved | Yes/No |
| Disadvantaged / FSM | Yes/No |
| Has pupil had a PTST before (if so when)? | Yes/No |

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| --- | --- |
| PTST Meeting Details | Please complete |
| Name of Lead Person In School |  |
| Name of Parent / Carer |  |
| Date of meeting agreeing the PTST |  |
| Initial Number of hours in education each week |  |
| Review date of PTST |  |
| Expected end-date of PTST  (no more than 6 weeks) |  |
| Has pupil had a PTST before (if so when)? | Yes/No |
| Confirm you have completed the CSE toolkit and made any necessary referrals:  <https://www.mkscb.org/our-resources/> |  |

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| Reason for Part Time Timetable |
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| Objectives of Part Time Timetable |
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| --- | --- | --- | --- | --- | --- |
| TIMETABLE | Monday | Tuesday | Wednesday | Thursday | Friday |
| Time in Education |  |  |  |  |  |

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| Any other comments relating to this part time timetable |
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I understand my child has been placed on a part time timetable for a limited period of time. I have discussed the matter fully with the school and agree, during the period of the part time timetable to:

* Take full responsibility for my child during the hours when not attending school
* Ensure there is supervision of school work
* Ensure there is a flow of work between school and home for marking and guidance
* Take full responsibility for the health and safety of my child when they are not in school

Parent/Carer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* Monitor the effectiveness of the part time timetable
* Hold a review on the agreed date
* Provide work for the child to do whilst at home and mark all work completed

School Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Childs Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Signatures if required:

SEN Caseworker:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Worker:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Virtual School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_