

**Modified Timetable Notification Form**

Please note that **all** sections on this form must be completed for any pupil on a modified timetable

Once completed it should be returned to 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.

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| --- | --- |
| **Name of School:** |  |
| **Pupils first name:** | **Pupils surname:** |
| **Date of birth:** | **Year group:** | **Ethnicity:** | **Current Attendance:** |
| **Home Adress:** |
| **Name of parent:** | **Name of lead in School:** |
| **Is the pupil a child in care? Yes/No****If Yes which LA is the child in care to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Is the child on a CP plan? Yes/No****If Yes,** confirm that the date this decision was discussed in a core group and that the social worker is in agreement to the MTT. ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Does the child have an EHCP? Yes/No****If Yes** confirm that SEND officer is aware of the decision and that an annual review will be organised if the MTT becomes longer than 6 weeks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- |
| **Date of meeting where MTT agreed:**  | **MTT Start Date:** | **MTT End Date (when pupil will resume full time):** |
| **Number of hours each week in School: \_\_\_\_\_\_\_\_\_\_\_****Number of hours each week in Alternative Provision: \_\_\_\_\_\_\_\_\_** (Include name of offsite provider) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Total hours of education per week: \_\_\_\_\_\_\_\_\_\_\_\_** |
| **Reason for Modified Timetable** (Please highlight) | 1. have **medical needs** other than mental health needs (including)are **pregnant** or are **young mothers** of compulsory school age
 | 1. 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
 | 1. 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
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| **Objectives of the 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 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

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

* Monitor the effectiveness of the part-time timetable
* Provide work the child to do whilst at home and mark all work complete

**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**

Parents name(s):.................................................................................................................................

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

**Representative from school**

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.

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

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)

**Other signatures (if required):**

SEND Officer: ……………………… Date:………………………………..

Social worker: ……………………… Date:………………………………..

Virtual School: ……………………… Date:………………………………..

Other (Please Identify): ………………… Date:………………………………