

**Modified Timetable Notification Form (March 2022)**

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

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.

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| --- | --- | --- | --- |
| **NAME OF SCHOOL** |  | | |
| **PUPIL’S FIRST NAME** |  | | |
| **PUPIL’S SURNAME** |  | | |
| **DATE OF BIRTH** |  | **YEAR GROUP** |  |
| **GENDER** |  | **ETHNICITY** |  |
| **HOME ADDRESS** |  | | |
| **NAME OF PARENT** |  | | |
| **NAME OF SLT WITH OVERSIGHT OF MTTs** |  | | |
| **PUPILS CURRENT ATTENDANCE %** |  | | |
| **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** | A modified timetable is not 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. | |
| **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. | |
| **N.B Please refer to the ‘Keeping Children Safe in Education’ September 21- Part 1 - Section 19/page 9 & 10**  **If the pupil meets any of these vulnerability factors then it is not appropriate for a MTT to be considered.**  **The child is safer in school.** | | | |
| **IS THE PUPIL CURRENTLY OPEN TO STRENGTHENING FAMILIES?** | **YES/NO** | Name of Strengthening Families worker.  The date this was agreed with the relevant worker that this is an appropriate step. | |
| **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** |  | |
| **NAME OF THE SCHOOL SENDCo** |  | **NAME OF THE LA SEND OFFICER** |  |

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| --- | --- | --- | --- |
| **DATE OF MEETING WHERE MTT WAS AGREED** |  |  | |
| **MTT START DATE** |  | **MTT END DATE ( when pupil will resume full time education)** |  |
| **NUMBER OF HOURS IN SCHOOL** |  | **NUMBER OF HOURS IN ALTERNATIVE PROVISION** |  |
|  |  | **DETAILS OF ALTERNATIVE PROVISION** |  |
| **TOTAL NUMBER OF HOURS OF EDUCATION PER WEEK** |  |  | |

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| --- | --- | --- | --- |
| **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 currently |
| **Objectives of the Modified Timetable** |  | | |

**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

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

* Monitor the effectiveness of the part-time timetable
* 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………....…………....……

**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 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)

**Other signatures (if required):**

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

Social Worker: ………………………………………... Date:………………………………..

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

Strengthening Families Worker …………….. ………. Date:………………………………...

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