

Part-time Timetable Re-integration Plan

Pupil		DOB		Year Group		
School		Diagnosis				
Provision	SEN Support	EHCP	GRIP	IF	EYIF	No SEN
Agencies involved	BSS Early Help/Social Care	AO	EP Other - Please name:	SSSEN	SALT	EYSEN
Start date of PTTT		Planning meeting attended by:				
Current attendance						
DCC informed of PTTT	Yes No					
Date of plan						

REASONS FOR THE PART-TIME TIMETABLE:

Please tick all that apply. NB: A part-time timetable should not be used to manage a CYP's behaviour.

Medical needs	Plan to address poor attendance
Medical Health needs	Behaviour
Delayed reception intake	Pregnant / young mother

Pupil Information – School and Home

Strengths / Interests:		Preferred Activities:	
What is going well? (Brief notes)	SCHOOL		HOME
What are we concerned about? What are the barriers to school attendance? (Brief notes)			
What strategies/provision have been put in place?			
Key adults:			

Re-integration Plan			
Long-term outcome:			
Action steps	Consideration of the CYP's developmental needs (For example, sense of belonging and self-esteem, emotional and sensory needs, coping strategies, communication and social skills and access to learning and the curriculum)	Person/s responsible:	By when:
Step 1			
Step 2			
Step 3			
Step 4			
Step 5			
Step 6			

OTHER (for example, changes to the environment, staffing, drop off and pick up)		Person/s responsible:	By when:
Date of review		Proposed end date of PTTT	

Risk assessment of the impact of the reduced timetable

(DCC Part-Time Timetables decision making, planning and notification guidance states consideration of the risks before agreeing to a part-timetable)

Where will the CYP be when not at school?					
Who will the CYP be with when not at school?					
Is there a risk the CYP will engage in criminal activity?				Is there a risk of substance misuse?	
Is there a risk of child sexual exploitation?				Is there a risk of exploitation or radicalisation?	
Are there any identified risks of the PTTT?					
If there are any risks, please describe:					
What measures will be taken to mitigate these risks?				Person/s responsible:	
				By when:	
Do attendees agree to the part-time timetable?					
(If a risk is identified, and measures cannot be taken to mitigate them, then a part-time timetable should not be considered)					
Name of parent / Carer:		Signature:		Date:	