

**Part-Time Timetable Plan & Risk Assessment**

This document should be used in conjunction with Wokingham Borough Council’s ***Part-Time Timetables Policy*** (accessible on the [WBC Practice Guidance Library](https://www.proceduresonline.com/wokingham/childcare/local_resources.html), under the sub-section ‘All Children: Education’).

1. **Part-Time Timetable Plan for:**

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| ***PUPIL’S NAME*** | Click here to enter text. |
| ***DOB*** | Click here to enter text. |
| ***UPN*** | Click here to enter text. |
| ***EHC/SEN STATUS*** | Click here to enter text. |
| ***NAMED PERSON RESPONSIBLE FOR THE PLAN WITHIN SCHOOL*** | Click here to enter text. |

1. **Reasons for Part-Time Timetable (select one):**

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| **Reason** | **Details** |
| As part of a Pastoral Support Plan or Individual Learning Plan; (maximum of ***one term*** from start date, this document to be attached to Pastoral Support Plan/Individual Learning Plan). | Click here to enter text. |
| As part of an individual Healthcare or Medical Plan; (attach evidence from relevant health professional – for more information see [***Department for Education Statutory Guidance***](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/269469/health_needs_guidance__-_revised_may_2013_final.pdf)). | Click here to enter text. |
| As part of a Reintegration Plan related to exclusion, non-attendance or school refusal; (no longer than ***six weeks***). | Click here to enter text. |

1. **Agencies consulted (please select and add details):**

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| **Agency** | **Details** |
| **Educational Psychology Service (EPS)** | Click here to enter text. |
| **Education Welfare Service (EWS)** | Click here to enter text. |
| **Integrated Early Help Service (IEHS)** | Click here to enter text. |
| **Foundry College** | Click here to enter text. |
| **Children’s Social Care (Child in Need or child subject to Child Protection Plan)** | Click here to enter text. |
| **Child and Adolescent Mental Health Service (CAMHS)** | Click here to enter text. |
| **Youth Offending Service (YOS)** | Click here to enter text. |
| **ASSIST (Autistic Spectrum Service for Information, Support & Training)** | Click here to enter text. |
| **Other please specify:** | Click here to enter text. |

**Please complete this statement:**

**Following consultation,** a Part-time Timetable Plan would be in the pupil’s best interests rather than Alternative Provision as it better meet the pupil’s current needs because……

Click here to enter text.

1. **Provision and Review:**

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| Total hours per week in school or off-site supervised education activity (a*ttach timetable*): | Click here to enter text. | |
| Planned start date of reduced timetable: | Click here to enter text. | |
| **Planned review dates:**  (within ***2 weeks*** of the start date and ***bi-weekly*** thereon) | **First Review** | Click here to enter text. |
| **Second Review** | Click here to enter text. |
| **Third Review** | Click here to enter text. |
| **Fourth Review** | Click here to enter text. |
| **Fifth Review** | Click here to enter text. |
| Planned end date when the pupil will return to full-time provision (***not to exceed the specified time periods outlined in section 2***) and interventions that will support the pupil’s reintegration to full-time education by this date: | Click here to enter text. | |

1. **Risk Assessment -** *The school must carry out a thorough risk assessment* ***before*** *implementation. This should be recorded.*

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| 1. **IDENTIFICATION OF RISK** *(Please use a separate sheet for each risk)* |

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| **Describe the risk posed:** Click here to enter text. | | | |
| **Has this been observed or reported?** | Click here to enter text. | **Who is placed at risk?** | Click here to enter text. |

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| 1. **ASSESSMENT OF RISK** | | | | | | | | 1. **RISK REDUCTION** | | | | | | | | | |
| **What time of the day is the risk likely to occur?** | | Click here to enter text. | | | | | | **Proactive interventions to reduce/prevent risk**   * *including any staff training needs identified and/or skill teaching required for CYP* | | | | Click here to enter text. | | | | | |
| **How likely is it that the risk will arise?**  *(please circle)* | | Very likely | | | Likely | | Unlikely |
| **If the risk arises what is the likely outcome** | | Click here to enter text. | | | | | | **Early interventions to de-escalate/manage risk:**   * *Identify exactly what an adult will immediately do if the risk is observed.* * *Identify exactly what an adult will do if the risk is reported to them by a child* | | | | Click here to enter text. | | | | | |
| **Describe known triggers** | | Click here to enter text. | | | | | |
| **What is the external behaviour trying to achieve/solve?** | | Click here to enter text. | | | | | | **Additional interventions to respond to situations that have escalated further**   * *The priority should be to ensure the safety of all concerned* | | | | Click here to enter text. | | | | | |
| **In which situation does the risk usually occur?** | | Click here to enter text. | | | | | |
| **Initial RAG rating** *(please circle)* | | **Red**  *(Significant)* | | | **Amber**  *(Moderate)* | | **Green**  *(Low)* | **Revised RAG rating**  *(please circle)* | | | | **Red**  *(Significant)* | | **Amber**  *(Moderate)* | | **Green**  *(Low)* | |
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| **REVIEW OF RISK ASSESSMENT PLAN (WK 2)**  *(Contributions should be sought from all affected parties, including the voice of the child)* | | | | | | | | | **Date** | | **Those present** *(names and roles)* | | Click here to enter text. | | | |
| Click here to enter a date. | |
| **Evaluation of effectiveness or risk reduction measures set out in section 3) above**   * *Have the risks/behaviours reduced in frequency/intensity duration?* * *What has/has not worked and why?* * *Have any identified training/skills needs been met?* | | | | | | | | | | | | |
| **Proactive interventions used to reduce/prevent risk** | | | Click here to enter text. | | | | | | | | | | | | | |
| **Early interventions used to de-escalate/manage risk** | | | Click here to enter text. | | | | | | | | | | | | | |
| **Additional interventions used to respond to situations that have escalated further** | | | Click here to enter text. | | | | | | | | | | | | | |
| **Review of RAG rating** *(please circle)* | | | | | | **Have any new behaviours/risks been identified?** | | | | Choose an item.  *(If yes, the risk assessment process* ***should*** *be repeated)* | | | **Does the Risk Assessment need to continue?** | | Choose an item. | |
| **Red**  **(Significant)** | **Amber**  **(Moderate)** | | | **Green**  **(Low)** | |
| **Headteacher signature** | | | |  | | | | | | **Parent/Guardian signature** | | |  | | | |

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| **REVIEW OF RISK ASSESSMENT PLAN (WK 4)**  *(Contributions should be sought from all affected parties, including the voice of the child)* | | | | | **Date** | | **Those present** *(names and roles)* | Click here to enter text. | |
| Click here to enter a date. | |
| **Evaluation of effectiveness or risk reduction measures set out in section 3) above**   * *Have the risks/behaviours reduced in frequency/intensity duration?* * *What has/has not worked and why?* * *Have any identified training/skills needs been met?* | | | | | | | |
| **Proactive interventions used to reduce/prevent risk** | | Click here to enter text. | | | | | | | |
| **Early interventions used to de-escalate/manage risk** | | Click here to enter text. | | | | | | | |
| **Additional interventions used to respond to situations that have escalated further** | | Click here to enter text. | | | | | | | |
| **Review of RAG rating** *(please circle)* | | | | **Have any new behaviours/risks been identified?** | | Choose an item.  *(If yes, the risk assessment process* ***should*** *be repeated)* | | **Does the Risk Assessment need to continue?** | Choose an item. |
| **Red**  **(Significant)** | **Amber**  **(Moderate)** | | **Green**  **(Low)** |
| **Headteacher signature** | | |  | | | **Parent/Guardian signature** | |  | |

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| **REVIEW OF RISK ASSESSMENT PLAN (WK 6)**  *(Contributions should be sought from all affected parties,*  *including the voice of the child)* | | | | | **Date** | | **Those present** *(names and roles)* | Click here to enter text. | |
| Click here to enter a date. | |
| **Evaluation of effectiveness or risk reduction measures set out in section 3) above**   * *Have the risks/behaviours reduced in frequency/intensity duration?* * *What has/has not worked and why?* * *Have any identified training/skills needs been met?* | | | | | | | |
| **Proactive interventions used to reduce/prevent risk** | | Click here to enter text. | | | | | | | |
| **Early interventions used to de-escalate/manage risk** | | Click here to enter text. | | | | | | | |
| **Additional interventions used to respond to situations that have escalated further** | | Click here to enter text. | | | | | | | |
| **Review of RAG rating** *(please circle)* | | | | **Have any new behaviours/risks been identified?** | | Choose an item.  *(If yes, the risk assessment process* ***should*** *be repeated)* | | **Does the Risk Assessment need to continue?** | Choose an item. |
| **Red**  **(Significant)** | **Amber**  **(Moderate)** | | **Green**  **(Low)** |
| **Headteacher signature** | | |  | | | **Parent/Guardian signature** | |  | |

1. **Meeting:** This must include parents and all professionals currently working with the pupil/family. If the pupil is a Child in Care, a representative of the Virtual School must be present and their Social Worker must be consulted. If the pupil is a Child in Need or subject to a Child Protection Plan, Children’s Social Care must be consulted. If the pupil has a Statement of SEN or an Education, Health and Care Plan (EHCP), the SEND Team must be consulted.
2. **Parent/Carer agreement**

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| ***A reduced timetable can only proceed with parents’ signed consent to the plan and cannot be enforced by a school or insisted upon under threat of exclusion.*** | |
| **Parent/carer agreement to this plan *(Original must be signed):*** |  |
| **Headteacher:** |  |
| **Date:** |  |