

### Notification of a Temporary Reintegrated Timetable

Pupil Name		NCY	
School Name		DOB	01/01/18
SEN Status	E / K / N	Looked After Child	Yes/No
Date of Early Help Assessment	01/01/18	Child Protection	Yes/No
Risk Assessment Completion Date	01/01/18	Child in Need	Yes/No

Plan under which Reintegrated the timetable is monitored/reviewed (attach plan)	e.g.PEP/ PSP/ IBP/IEP		
Describe where education taking place	e.g.School/ off-site/ alternative provider		
Reason for temporary Reintegrated timetable (please tick all that apply)			
Medical Physical Health (supported by medical professionals)	<input type="checkbox"/>	Reintegration plan	<input type="checkbox"/>
Medical Mental Health (supported by medical professionals)	<input type="checkbox"/>	Emotional or social needs	<input type="checkbox"/>
Other (please describe below)	<input type="checkbox"/>		<input type="checkbox"/>

Total hours per week in school or off-site supervised education activity	e.g. 15 hours
Planned start date of Reintegrated timetable	01/01/18
Planned review date (within 2 weeks of the start date)	01/01/18
Planned end date when the pupil will return to full-time provision (within 6 weeks of start) <b>Please note this is not a formal confirmation of closure of the Reintegrated timetable. The attached closure form MUST be completed and returned to: childrenmissingeducation@oxfordshire.gov.uk</b>	01/01/18

***A Reintegrated 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)		Date (01/01/18)
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By submitting this form the school is confirming that the use of a part-time timetable for a limited period has been judged appropriate, review arrangements have been agreed and any safeguarding issues have been fully taken into consideration. A copy of the formal agreement made with parent/carer's signature must be kept at school

Head teacher's signature		Date (01/01/18)
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Please scan a signed copy of this pro forma and the plan and send to us via secure Egress Switch email with 'name of school and part time timetable' in the subject line to [childrenmissingeducation@oxfordshire.gov.uk](mailto:childrenmissingeducation@oxfordshire.gov.uk)

Please do not send originals. It is important you retain the original signed copy for your records.

## REINTEGRATED TIMETABLE CLOSURE FORM

(Please complete and return as a matter of importance within **5 school days** to:- [childrenmissingeducation@oxfordshire.gov.uk](mailto:childrenmissingeducation@oxfordshire.gov.uk))

Pupil Name		NCY	
School Name		DOB	01/01/18
SEN Status	E / K / N	Looked After Child	Yes/No
			<b>Date of Closure</b>
Reason for closure	Return to full time provision	Yes/No	
	Part time provision	Yes/No	
	School Leaver	Yes/No	
	Transferred (within County)	Yes/No	
	Transferred (out of County)	Yes/No	
	Permanently excluded	Yes/No	
	Elective Home Educated	Yes/No	