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**Reintegration Timetable Plan**

Schools must complete this plan when a temporary reintegration timetable to meet a pupil’s individual needs is considered to support a child / young person to engage in education. Please ensure you have read Oxfordshire County Council’s guidance [HERE](http://schools.oxfordshire.gov.uk/cms/content/reintegration-timetables) on the use of reintegration timetables before starting this process. All children of statutory school age are legally entitled to full-time education so use of these plans should be short-term and only used in exceptional circumstances, only with full explicit parental consent**. No reintegration timetable can exceed six weeks maximum.**

In circumstances where the school consider that a reintegration timetable for a pupil is needed, the school must notify the County Attendance Team by email at [attendance@oxfordshire.gov.uk](mailto:attendance@oxfordshire.gov.uk) sending a signed copy of this plan including the hours agreed within 2 days of completion. The plan and the teaching hours must be signed by the parent and **without parental agreement a reduction in hours cannot be implemented**. When the child / young person returns to full-time education the closure form at the end of the plan must be completed and submitted within 5 days.

**Schools are not required to submit a reintegration timetable plan where the child is receiving 25 hours or more of provision.**

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| **Name of School:** |  |

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| --- | --- | --- | --- |
| **Name of pupil:** |  | **Date of Birth:** |  |

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| --- | --- | --- | --- |
| **Year Group:** |  | **Ethnicity:** |  |

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| **SEND:** | **E** | **K** | **N** | **Early Help Assessment** | **Yes** | **No** |

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| **Child we care for** | **Yes** | **No** | **Child Protection** | **Yes** | **No** |
| **Child in Need** | **Yes** | **No** | **Early Help/LCSS** | **Yes** | **No** |

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| **Start date**  **of timetable:** |  | **Planned end date:** |  |

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| **Reason for the plan:** |

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| --- | --- | --- | --- |
| **Physical Health (supported by a medical professional)** |  | **Reintegration following exclusion** |  |
| **Mental Health (supported by a medical professional)** |  | **Reintegration following long period of absence** |  |
| **Other (please describe):** |  |  |  |

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| **Reintegration Timetable- Please indicate the Days, the number of hours and mins they are in school. (Please include any time at alternative provision in the total)** |

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| **Week beginning:** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Total time in School** |

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|  | **am** | **pm** | **am** | **pm** | **am** | **pm** | **am** | **pm** | **am** | **pm** |  |
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| **Review Meeting Date: (within 2 weeks of the start date). Plans must be reviewed at least every 2 weeks with the parents / carers and child.** |  |
| **Time:** |  |
| **Where (venue):** |  |

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| The undersigned confirm that this is an accurate record of the discussions and outcomes agreed within the meeting. By signing this form, the school is confirming that the use of a reintegration timetable for a fixed period has been agreed as appropriate, review arrangements have been agreed and any safeguarding issues have been fully taken into consideration.  During the period of the reintegration timetable the school will:   * Monitor the effectiveness of the provision offered on the child/ young person * Hold a review on the agreed date * Provide work for the child to do whilst at home (if appropriate) and feedback on all work completed |

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| **School Representative:** |  | **Date:** |  | **Signature:** |  |

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| **Parents / Carers**  **A reintegration timetable can only proceed with signed consent to the plan and cannot be enforced by a school or insisted upon.**  **Please delete as applicable:**   1. I agree with the content of this form and the reintegration plan. 2. I do not agree with the reintegration for the following reasons: |

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| --- | --- | --- | --- | --- | --- |
| **Name of parent(s)/Carers:** |  | **Date:** |  | **Signature:** |  |

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| **Child – this section is voluntary for the child to complete, however the child/ young person’s voice must always be included. Please delete as applicable:**   1. I am happy with this plan. 2. I am not happy with this plan because: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of child** |  | **Date:** |  | **Signature:** |  |



**Reintegration Timetable Closure Form**

Please complete and return within 5 school days to: [attendance@oxfordshire.gov.uk](mailto:attendance@oxfordshire.gov.uk)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of pupil** |  | **DOB:** |  | **Name of School** |  | **Year Group:** |  |

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| **SEN Status :** |

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| --- | --- | --- | --- |
| **Child we care for:** |  | **Child Protection:** |  |
| **Child in Need:** |  | **Early Help/LCSS:** |  |

|  |  |
| --- | --- |
| **Reason for closure:** | **Date of Closure:** |

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| --- | --- | --- |
| 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 |  |