

**Part-Time Timetable Reporting Form 2025-2026**

**This is a working document and should be completed throughout the part time timetable**

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| **Section One** | **Initiating the Part-Time Timetable** |
| **Section Two** | **Reviewing the Part-Time Timetable** |
| **Section Three** | **Extending the Part Time Timetable** |
| **Section Four** | **Terminating the Part-Time Timetable** |

 **Part-Time Timetable Reporting Form 2025-2026**

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| **Section One – Initiating the Part-time timetable** |

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| **Pupil Details** | | | | |
| **Pupil First Name** |  | | | |
| **Surname** |  | | | |
| **UPN** |  | | | |
| **Date of Birth** | Click here to enter a date. | | | |
| **Year Group** | Choose an item. | | | |
| **Gender** |  | | | |
| **Ethnicity** |  | | | |
| **Is the Pupil CIN?**  **Is the Pupil CP?**  **Is the Pupil TAC?** | | **Yes No**  **Yes No**  **Yes No** | **Does the Pupil have SEN Support?** | **Yes No** |
| **Is the Pupil a looked after child?** | | **Yes No** | **Does the Pupil have an EHCP?** | **Yes No** |
| **Does the pupil have current support from Big Picture?**  **If no, has the pupil had support from Big Picture?** | | **Yes No**  **Yes No** | **Does the pupil have current BOSS support?**  **If no, has the pupil had previous BOSS support** | **Yes No**  **Yes No** |
| **Has the pupil been referred to Inclusion Panel?** | | **Yes No** | | |

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| **School Details** | |
| **School Name** |  |
| **Main contact** |  |
| **Main contact email address** |  |

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| **Alternative Provision** | | | | | |
| **Does the pupil attend Alternative provision** | **Yes No** | | | | |
| **Name of Alternative Provision** |  | | | | |
| **Start Date** | Click or tap to enter a date. | | | | |
| **Weekly hours** |  | | | | |
| **Which days will the pupil attend Alternative Provision?** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Yes No | Yes No | Yes No | Yes No | Yes No |
| **End date** | Click or tap to enter a date. | | | | |

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| **Part-Time Timetable Details** | | | | | | |
| **Start date of part-time timetable** | Click or tap to enter a date. | | | | | |
| **Initial TOTAL weekly hours**  **DO NOT INCLUDE ALTERNATIVE PROVISION HOURS** |  | | | | | |
| **Initial timetable Schedule**  **DO NOT INCLUDE ALTERNATIVE PROVISION HOURS** | **Monday** | **Tuesday** | **Wednesday** | | **Thursday** | **Friday** |
|  |  |  | |  |  |
| **Reason for part-time timetable**  **(Check all that apply)** | Reintegration | | | Medical | | |
| **Planned end date of part-time timetable**  **(within 8 weeks of start date)** | Click or tap to enter a date. | | | | | |

**Please complete all sections above and send to** [**ptt@doncaster.gov.uk**](mailto:ptt@doncaster.gov.uk) **when initiating any part-time timetables.**

**By submitting this part time timetable you are confirming that you have**

* **Read and followed the Part Time Timetable Guidance**
* **Received parental consent.**
* **Any agencies and professionals involved with the pupil are in agreement.**

**Please retain a copy of this document so that you can go on to complete sections 2 and 3 when necessary.**

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| **Section Two**  **Part-time timetable reviews** | | | | | | |
| **Review date** | **Total Weekly Hours** | **Days and hours attending** | | | | |
|  |  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |
| **Comments:** |  | | | | | |
| **Review date** | **Total Weekly Hours** | **Days attending** | | | | |
|  |  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |
| **Comments:** |  | | | | | |
| **Review date** | **Total Weekly Hours** | **Days attending** | | | | |
|  |  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |
| **Comments:** |  | | | | | |
| **Review date** | **Total Weekly Hours** | **Days attending** | | | | |
|  |  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |
| **Comments:** |  | | | | | |

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| **Section Three**  **Extension of Part-Time Timetable.**  **Please note- extensions are permitted for medical part-time timetables only.** | | | | | | |
| **If the part-time timetable will remain in place past the 8-week deadline, please provide a reason below.** | | | | | | |
| **Reason for extension** | Reintegration | | | Medical | | |
| **Current weekly hours** |  | | | | | |
| **Days attending** | **Monday** | **Tuesday** | **Wednesday** | | **Thursday** | **Friday** |
|  |  |  | |  |  |
| **Amended planned end date** | Click or tap to enter a date. | | | | | |

**Please send an updated copy of this report to** [**ptt@doncaster.gov.uk**](mailto:ptt@doncaster.gov.uk) **when any reviews are held, any adjustments are made and/or when any extensions past 8 weeks are agreed.**

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| **Section Four**  **Termination of Part-Time Timetable** | | |
| **End date of part-time timetable** | Click or tap to enter a date. | |
| **Reason for termination**  **(please tick as appropriate)** | **Returned to full time timetable** |  |
| **Moved school** |  |
| **Accessing specialist provision** |  |

**Please send a copy of this report to** [**ptt@doncaster.gov.uk**](mailto:ptt@doncaster.gov.uk) **when the part-time timetable is terminated.**